HONORABLE STANLEY A. BASTIAN

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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

DEMETRIOS VORGIAS, Plaintiff, v. COMMUNITY HEALTH OF CENTRAL WASHINGTON; Defendants.	NO: 1:21-CV-03013-SAB **PLAINTIFF'S FRCP 26 INITIAL EXPERT WITNESS DISCLOSURE**

Plaintiff DEMETRIOS VORGIAS, pursuant to the Court's order accepting stipulation to extend expert disclosure deadlines "ECF 18", and FRCP 26, hereby makes the following initial Expert witness disclosures:

A. On behalf of Plaintiff, Demetrios Vorgias, and pursuant to FRCP 26(a)(2)(A) the following individual is hereby designated as Plaintiff's expert psychologist and forensic evaluator:

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EX. 8

Scott A. Whitmer, Psy.D. – Forensic Evaluator
Forensic Mental Health Evaluation
Forensic earning capacity Evaluation
205 N. 40th Avenue, Ste. 203
Yakima, Washington 98908
Email: scott@whitmerandassociates.com
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B. Attached hereto and pursuant to FRCP 26(a)(2)(B) is the initial written report of Plaintiff's Expert Scott A. Whitmer, Psy.D., Forensic Evaluator.

Plaintiff expressly reserves the right to supplement this disclosure as any additional information may become known during the discovery stage of this matter.

Dated this 1st day of October, 2021.

s/ William D. Pickett
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CERTIFICATE OF SERVICE

I hereby certify that on October 1, 2021, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system which will send notification of such filing to the following:

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DATED at Yakima, Washington, this 1st day of October, 2021.

By: s/ William D. Pickett
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EX. 8

FRCP 26(A) (B) INITIAL DISCLOSURE OF EXPERT WITNESS REPORT

FORENSIC MENTAL HEALTH EVALUATION

NAME OF EXAMINEE	Demetrios Vorgias
SEX	Male
SEXUAL ORIENTATION	Heterosexual
ADDRESS	3603 Bridge wood Drive, Jacksonville Florida 32277
DATE OF BIRTH	March 07, 1975
AGE	46
RACE	Greek American
FIRST LANGUAGE	English
SECOND LANGUAGE	Greek
HANDEDNESS	Right
MARITAL STATUS	Married
EDUCATION	BS, Graduate School-Medical School
EMPLOYMENT-PRESENT	Unemployed
EMPLOYMENT-PAST	Medical Resident/Medical Scribe/Tutor
DATE OF EVALUATION REPORT	09/03/21 through 09/30/21
REFERRAL SOURCE	Bill Pickett, Attorney-At-Law
FORENSIC EVALUATOR	Scott A. Whitmer, PsyD, LMHC, CRC, ABVE-Diplomate, IPEC

QUALIFICATIONS, INCLUDING LIST OF ALL PUBLICATIONS AUTHORED

Attached is a copy of my current C.V., including qualifications.

METHODOLOGY STATEMENT

Among the forensic mental health evaluation profession, there are sound peer reviewed procedures, peer accepted and clinically based approaches, and reliable and valid empirical methods that are utilized to ensure measurement methods are dependable and findings are authentic. Quantitative and qualitative peer reviewed methods are designed to rule out confounding variables and/or unwanted influences so that the forensic evaluator has confidence that a reasonable degree of certainty and statistical degree of certainty findings are accurate. Qualitative and quantitative procedures and methods are listed below that were followed in this evaluation:

1. Utilizing a semi-structured interview method that is deemed valid and reliable among professional peers and supported via peer reviewed literature.

2. Triangulation of facts across multiple different sources to determine if there is consistency, continuity, and verifiable facts to support findings.
3. Overall analysis of subjective measures against objective measures that may support or discount the accuracy of facts, behavior, or symptoms considered and measured.
4. Analysis of qualitative measures against quantitative measures to authenticate findings, opinions, and outcomes.
5. Appropriately matching, selecting, and relying upon psychometric measures that are used for forensic evaluation.
6. Relying upon empirically supported psychometric tools based on context, norms of the examinee's demographic, culture, and constructs being measured.
7. Using psychometric measures that have empirical findings that have a known error rate and therefore provide a statistical reliability and validity finding to ensure dependability and authentic measure of symptoms and diagnoses.
8. Comparing and verifying symptom validity testing (SVT) scores against performance validity testing (PVT) within a single measurement instrument.
9. Comparing and verifying SVT scores to PVT scores across different objective measurement instruments.
10. Using known peer reviewed clinical methods in contrast with empirical-scientific measures to enhance and explain divergence or convergence of methodological findings.
11. Evidence-based assessment methods (EBA): The EBA paradigm is a method that enhances fidelity of testing outcomes by linking theory, research, measurement, context, standards of practice, to relevant treatment recommendations. The EBA paradigm ask's the following questions during the use of qualitative and quantitative methods: Is the theory still relevant to measuring human behavior? Does the empirical research support the theory and vise versa? Does the empirical research consider context of culture, age, gender, and individual differences? Does the assessment measure have efficacy among the populations it measures? Does the measure contribute to reasonable and efficacious treatment recommendations for those being tested?

PRESENTING PROBLEM & FACTS OR DATA CONSIDERED

Demetrios Vorgias was training with Central Washington Family Medicine (CWFM) as a Resident around June 2018 through May 2019 for the purpose of becoming a licensed medical doctor. Sometime in late 2018 through early 2019, his supervisor with CWFM became verbally hostile towards him. According to Dr. Vorgias, his supervisor developed a pattern of hostility with him over a short period of time around issues of his residency performance. Initially, Human Resources of CWFM recommended he get a neuropsychological evaluation to help determine if there were any cognitive deficiencies interfering with his performance. Once a neuropsychological evaluation was ordered and before it was completed, CWFM management terminated Dr. Vorgias from his residency position. Dr. Vorgias asked if he could resign knowing they were intent on terminating

him. It was thought a resignation would leave an improved probability placed in residency with a different clinic. CWFM refused Dr. Vorgias offer to allow him to resign. Prior to termination of the residency with Dr. Vorgias, it was known by CWFM that Dr. Vorgias had been diagnosed with ADHD. They were not yet aware that he was diagnosed with Generalized Anxiety Disorder (GAD) which emerged as a result of work hostility. The GAD was interfering with his performance in residency. CWFM prematurely and without reasonable cause, terminated Dr. Vorgias. While initially there was some discussion around accommodation to help him adjust to residency performance standards, considering his diagnoses of ADHD, CWFM did not wait for the neuropsychological evaluation or attempt to intervene on Dr. Vorgias behalf. Instead, CWFM initiated a punitive and hostile campaign retaliatory behavior disguised as a competency evaluation. There were no egregious behaviors, immoral acts, unethical behaviors, or disproportionately incompetent performance from Dr. Vorgias. As a first-year medical resident, there were expectation that some competencies would fall below the average reasonable standard, yet at the same time, a first-year resident would have expected to show improvements through support and adequate training. A residency program such as CWFM is responsible and accountable to bridge the gap of competency through supportive training and understanding a resident's unique challenges, particularly if they have neurocognitive diagnosis and related symptoms. By all accounts, CWFM supervisor and the organizational culture of CWFM demonstrated hostile and retaliatory behavior rather than supportive actions. The evidence supports a pattern of hostile behavior by Dr. Dom Nguyen towards Dr. Vorgias.

Dr. Vorgias had committed his life as well as years of education and training to become a medical doctor. CWFM acted recklessly and in retaliatory fashion disregarding Dr. Vorgias' s ADHD and untreated GAD symptoms. CWFM and Dr. Nguyen overreacted and unfairly judged Dr. Vorgias performance as a first-year resident. The very definition of a resident in training is to expect some incompetence's that are expected to improve through competent supervision. Dr. Vorgias may have demonstrated some incompetence's, but nothing that couldn't be corrected with a well laid out plan of supervisory support and action. The pattern of evidence suggests CWFM did not like him. They acted prematurely by terminating him instead of accommodating him for functional competencies that were considered fixable. Other facts of the file suggest he has knowledge competency as evidenced of his passing medical exams. The presence of a hostile and punitive environment followed by retaliatory actions by CWFM staff resulted in a premature and discriminatory outcome.

EVALUATION REFERRAL QUESTIONS

1. What if any behavior performance on the part of Dr. Vorgias during academic medical training, or first-year residency performance would suggest he would be terminated?
2. What immoral, unethical, illegal, or egregious actions or behaviors did Dr. Vorgias demonstrate that put patients at risk?

3. What immoral, unethical, illegal, or egregious actions or behaviors did Dr. Vorgias demonstrate that put CWFM or other professionals in danger?
4. What actions or behaviors did Dr. Vorgias demonstrate that would suggest he could not correct them to improve if he were given proper mentorship and adequate training?
5. What basis did CWFM use to justify terminating a first-year resident and was it reasonable without attempted accommodation?
6. What if any mentorship and supervision did CWFM implement to help support Dr. Vorgias in overcoming typical incompetence's for a first-year resident?
7. What if any psychological diagnoses and or symptoms interfere with Dr. Vorgias' s functioning as a first-year resident?
8. What actions did CWFM take to help Dr. Vorgias overcome symptomatic mental health and behavior, so that he could function to the minimum acceptable standards as defined in ACGME Program Requirements and Residency Handbook?
9. Would Dr. Vorgias have successfully met minimum competencies if CWFM would have provided well-planned supervisor support during his residency and particularly after the neuropsychological evaluation was completed?
10. Were there any other performance reasons, perceived, suspected, or documented that interfered with Dr. Vorgias' s performance as a first-year medical resident?
11. What losses and damages will occur should Dr. Vorgias be thwarted from getting placed into a new residency based on CWFM discriminatory actions that led to residency termination?

QUANTITATIVE & QUALITATIVE EVALUATION PROCEDURES

Semi-Structured Interview (SCID) with Demetrios Vorgias.
Millon Clinical Multi-Axial Inventory-IV (MCMI-IV).
Analysis & Interpretation of Psychological Testing.
Review of Academic and Licensing Exam Scores.
Review of Performance Employment Records.
Review of Psychological/Psychiatric Records.
Review of ACGME Program Requirements.
Review of Neuropsychological Evaluation.
Review of CWFM Residency Handbook.
ASEBA-Behavioral Checklist.
Review of Earnings Records.
Review of Medical Records.
Symptoms Checklist.
SCL-90-R.

INDEX OF EXHIBITS & DOCUMENTS REVIEWED

- 10/23/08 & 10/30/08, Psychological Assessment by David Goodman, PhD, and Carol Wintermyer, PhD.
- 07/01/16, ACGME Program Requirements for Graduate Medical Education in Family Medicine.
- 04/10/17, St. George's University Medical Student Performance Evaluation.
- 04/06/15-03/27/18, medical records from Nicholas Delgado, MD.
- 04/15/2018, IRS 1040 Individual Tax Returns/Married Filing Jointly.
- 10/23/18, CARED Meeting case note.
- 07/19/18 to 01/23/19 CWFM Performance Reports.
- 01/29/19, CARED Consequential Citation Report, signed by Dr. Vorgias, program director and Advisory Residency Site Director.
- 02/10/19, Resident Evaluations.
- 02/13/19, email from Dom Nguyen to Leti, Katina & Micahlyn.
- 07/19/18-02/26/19, Performance Reports from Central Washington Family Medicine Residency Program.
- 03/11/19, Charles V. Bulfinch, DO medical records.
- 04/01/19, CWFM Residency Program Resident Handbook.
- 04/10/19, Neuropsychological Assessment by Rehabilitation Institute of Washington, LLC.
- 04/15/2019, IRS 1040 Individual Tax Returns/Married Filing Jointly.
- 05/23/19, Preceptor Shift Card Residency Evaluations.
- 06/05/19, Residency reference letter from Douglas E. Coon, MD.
- 06/06/19, Verification of Graduate Medical Education & Training signed by Residency Program Manager, Micahlyn Powers, MD.
- 06/08/19, Residency reference letter from Ed Prasthofer, MD.
- 06/24/19, Residency reference letter from Mark J. Bauer, MD.
- 07/03/19, Residency reference letter from Judith Harvey, MD.
- 08/06/13 to 12/18/19, United States Medical Licensing Examination Scores for Step 1, Step 2, & Step 3.
- 12/18/19, United States Medical Licensing Examination Step 1-3 Scores
- 04/15/2020, IRS 1040 Individual Tax Returns/Married Filing Jointly.
- 04/23/20, Residency reference letter from Tess Ish-Shalom, DO.
- 07/18/19-07/20/21, behavioral health records from Sagar Vijapura, MD.
- 09/02/21, Referral letter from Pickett Law Firm.
- 09/16/21, CV-Resume of Demetrios Vorgias.
- 09/16/21, Unofficial St. George's Academic Transcripts.
- 09/27/21, Covid Clinic Job Description.

SEMI-STRUCTURED INTERVIEW

Background Information. On 09/03/2021, I met with Demetrios Vorgias to complete a structured clinical interview and psychometric testing. Dr. Vorgias is a 46-year-old male who is about 5'8" tall and weighs about 260 lbs. He identifies as Greek American. He is married to Rebecca Ward. They are both trained medical doctors. He has yet to complete his first-year medical residency. Rebecca has completed her medical residency. They both live in Florida where Rebecca practices medicine. They do not have children. He is right-handed. His first language is English and second is Greek. Dr. Vorgias presents on observation with anxious behaviors and ADHD symptoms. He tested to have a high superior Verbal IQ and a FSIQ of 125, over one standard deviation above the norm for his age group. It is difficult for him to slow his speech and he can at times become tangential in his effort to answer my questions. Dr. Vorgias uses humor to defuse anxiety and stress and did so several times during the interview. When he relaxed in the interview, he was able to slow down a bit with his speech and stay on task with questions asked. Essentially, Dr. Vorgias is here today because of a culmination of symptoms that resulted in an unfair training termination by his trainers. The culminated symptoms included uncontrolled anxiety, panic attacks, ADHD symptoms, and depressive symptoms occurred while being evaluated in training during treatment of patients. CWFM staff appeared to be on board with getting a neuropsychological evaluation completed to help identify potential problems and to offer a corrective action plan to help Dr. Vorgias succeed in his medical residency training. However, CWFM did not await the results of the neuropsychological evaluation and chose to terminate his residency instead of attempting an accommodation to support and supervise.

Developmental History. Dr. Vorgias was born 03/07/1975, in Redwood City, California. He attended elementary school in San Bruno and San Jose, California. He attended Belair public school from 1st to 3rd grade. He reports math was his strength. English was initially challenging because his parents immigrated to the United States and hadn't mastered the English language well. He and his family moved back to Greece when he was 6-months old. He was raised in Greece until he was the age of five. His parents often spoke Greek in the household. He attended grades 4th through 8th at Harker Academy, a private school. He reported he earned honors grades up through middle school. In later elementary grade and middle school, all academic courses came easy to him. He had a difficult time in physical education courses. He attended high school at Bellerman College Prep, a Jesuit school for boys. He reported he earned mostly A's and B's, except for French and AP Chemistry where he earned C's.

He reported that as a child of Greek Immigrants, the expectation was that he become a doctor, lawyer, or engineer. His mother was a lawyer, and his father was a mechanical engineer. He has a younger brother by the name of George Vorgias. He reported that George has some learning disabilities, stutters, and has hearing loss. George is 36 years-of-age.

Family Medical/Psychiatric History. His mother has a history of depression and suspected in his paternal grandmother's side of family. His mother also has a history of ADHD, but not diagnosed, hypothyroidism, and osteoarthritis. His father had a history of alcohol abuse, colon cancer, emphysema. His father died in 2015. His brother has a diagnosis of Central Auditory Processing Disorder, and ADHD. He has three cousins and an uncle who also have diagnoses of ADHD.

Physical & Emotional Abuse. Dr. Vorgias reported that his father was emotionally, verbally and on occasion physically abusive. He described his father as a very serious man who never laughed and always seemed to be mad. He reported that his father treated his relationships transactional, as though he only had use for the friendship if he both parties were to benefit from some useful skill or exchange. He reported that as a young boy, he feared his father. Harsh and unfair criticism was the norm from his father. Later in high school, he was able to find a more secure footing and confidence through joining and doing well in wrestling. A critical developmental and emotional juncture for Dr. Vorgias as a senior in high school, his father physically pushed him. Dr. Vorgias struck him in return. He stated that his father never physically pushed or hit him again after that incident. Dr. Vorgias reported that he loved his father, but it was a strained relationship until the day his father died in 2015.

His mother often mitigated emotional and verbal abuse delivered by his father. He reported that without his mother's intervention, the abuse would have been a lot worse for him. He reported that his parents moved a lot during his middle school and high school years, which made if difficult at times to be accepted and make new friends. He reported that his parents separated in 1992, when he was a senior in high school. In 1995, his parents tried to reconcile but it did not work out. It is accurate to say that the harsh emotional and verbal abuse from his father in combination with Dr. Vorgias's propensity for academics and awkward verbal style, made him a target during in middle school and high school. As a high school sophomore, he was attacked by a group of boys who tried to take his Halloween candy from him. The attack did not result in serious injury but was described as bullying behavior. Bullying behavior from others during middle school and high school likely felt somewhat expected based on his adaptation of his father's abuse. Asked what his teenage years were like and he stated he was like a tenacious terrier, which I interpreted that he was learned to defend himself as a way of adaptation through his father's abuse and being emotionally-socially different than most throughout high school.

Religious Beliefs. His parents practiced Orthodox Greek Christianity. He and his brother attended when his parents did. He reported his parents were somewhat lukewarm with religious practices but likely saw it as a good environment to teach value and morals. He reported that he does not really practice a religion at this time in his life.

Friends. Dr. Vorgias reported that he maintains friendships that were created when he was in elementary school, middle school and high school. He and childhood friend Justin

became friends when he was about 10 years of age. They speak by phone twice per month on average to this day. Justin is of African American descent. Dr. Vorgias indicated that they hit it off as friends because neither were the typical American child, both different enough that they found common ground in being different. He reported that the few friends he did make, they were friends for life. He describes his wife as his best friend. He also reported that people seem to really like him or don't like him at all, there doesn't seem to be an in between. He confirmed that he has been told that he can come across as loud, verbose, and excitable, with some people being ok with his demeanor, others not so much. He has taken the approach that life is too short to worry too much about what others think of you. When I told him that he likely often uses nervous verbal energy to cope with potential rejection, that some things are missed in the communication exchange, he appeared to want to learn more about his communication style.

Substance Abuse & Lifestyle. Dr. Vorgias denies using illicit drugs. When he was age 13 to 20, he abused alcohol to cope with stress. He denies using alcoholic beverages as an adult except on rare occasion during holiday gatherings. He consumes 2 to 3 coffee beverages per week, down from prior use of 2 to 3 per day. During his college years he tried marijuana but didn't like it. His lifestyle can be described by the adage's: "work hard-relax and re-energize", "When we strive to become better than we are, everything around us becomes better too", "Success is no accident" and "Treat others as you wish to be treated". An adaptive approach to standing up for himself when he was younger might have been "defend, preserve, and persevere".

As an adult, he has built a maladaptive approach to unfair harsh criticism, likely out of the experience and combination experiences of past emotional abuse, more recent anxiety and panic disorder. He exhibits symptoms of auditory hypo-sensitivity and auditory hyper-sensitivity and may become confrontational in return.

Working Relationships. Dr. Vorgias has developed many friendships in past employment settings and at CWFM. He has many character statements and references that speak of his good character, enthusiasm, and commitment to patients and co-trainees alike. He reported that his most impelling work characteristics are empathy for his patients. He reported that he has a great rapport with his patients. There have been no patient complaints against him. Those co-workers who do not like him or criticize him are likely met with aloofness and non-engagement from Dr. Vorgias. When under great pressure and harsh unfair criticism, Dr. Vorgias subconsciously resorts to a defensive posture and social confrontation. This unfiltered subconscious defensive posture and social confrontation occurred when he perceived his supervisor actively and unfairly seeking harsh criticism against him as opposed to offering constructive criticism and mentoring behavior.

Marriage. Dr. Vorgias reported that he feels lucky to have met and married his wife. He and Rebecca met the first day of medical school. They struck up a friendship which soon turned into an intimate and supportive relationship. He described their relationship now

as supportive to one another and the safest and most loving relationship he has ever experienced. He described going through medical school together as two starving students, supporting one another, living simple on a tight budget. They traveled together for various medical training opportunities, sometimes in difficult circumstances due to lack of funds and resources.

Finances. Dr. Vorgias reported that his spouse currently earns about $140,000.00 per year as a medical doctor. They have been reliant upon her salary since he was terminated from CWFM. He has recently taken a temporary position with a medical clinic in Mississippi, administering Covid Vaccines. He would have been earning a modest salary in medical residency if he were still with CWFM. One salary among the two of them with medical school debt makes it very tight to meet their responsibilities at this time.

Housing. He reported that when they moved to Florida, they purchased a modest home. They live in a 1500 square foot, 3-bedroom, 2-bath home. They have a monthly mortgage.

Medical Status. Dr. Vorgias denies having any serious physical disorders, diseases, or illness. He had his wisdom teeth pulled at age 25. He was in two motor vehicle collisions, one in 2004 and one in 2006. He sustained broken ribs in one of the MVA's. He reports that he has migraine headaches occasionally, likely associated with stress. He has seasonal allergies which are treated with OTC medication.

Psychiatric Status. Dr. Vorgias reported to have been diagnosed with ADHD Combined Type between 2007 and 2008. He was diagnosed with Generalized Anxiety Disorder (GAD) and ADHD Combined on 04/03/2019 by neuropsychologist, Kelly Cornett, PsyD, CBIS. The neuropsychological evaluation was recommended by attending physicians Laura Moss, MD and Charles Bulfinch, DO. CWFM staff agreed to the neuropsychological exam to determine what was interfering with Dr. Vorgias's functioning and to come up with a treatment plan and corrective action. It appears CWFM took inappropriate and hasty action to terminate him instead of waiting for the neuropsychological results and recommendations.

Activities of Daily Living. He denies any physical problems with basic functioning instrumental to activities of daily living.

Interpersonal Functioning & Social Support. His spouse, mother, and a few friends are his primary social support. He reports that his marriage is very strong. He stated that he and his spouse talk openly. He gets along well with others. He is committed to medicine and treating patients as a medical doctor. His career choice and time committed is a large part of his purpose and identity.

Educational Training. His educational background is as follows:

- BA from molecular and cell biology, University of California, Berkeley, 2000.
- Master of Art degree in Medical Science, Bostin University School of Medicine, 2009.
- Doctor of Medicine, St. George's University School of Medicine, Grenada, West Indies, 2011-2016.
- Also initiated a Master of Business Administration in Multi-Sector Health Management at St. Georges University.

Work History & Training.

Occupation	Dates	Employer
First Year Medical Resident-Medical Doctor	June 2018-May 2019	CWFM
Medical Scribe	April 2017-May 2018	Scribe Solutions & Angel Kids Pediatrics.
Chief Laboratory Technician	June 2009-December 2010	Framingham Heart Study
Graduate Student Researcher	March 2008-May 2009	Boston MA
Teaching Assistant & Tutor in Histology.	January 2007-December 2008	Department of Anatomy and Histology, Boston MA

Behavioral Observations. During our one-on-one, Dr. Vorgias was initially hurried, with pressured speech, somewhat nervous yet confident of what he was communicating. At no point did I witness any behavior or emotion that would suggest that he was unstable. His rapid and tangential speech can be described under the paradigm of auditory hyposensitivity. People with auditory hyposensitivity exhibit loud voice, loud speaking, excessive speaking, difficulty with verbal and social cues, difficulty understanding specific input, tangential and circumstantial speech, talks self through task or explanations, and at times appears oblivious to reciprocal exchange.

REVIEW OF MEDICAL RECORDS

There are two medical providers, Charles Bulfinch, MD and Nicholas Delgado, MD with records that illustrate the difficulties and problems Dr. Vorgias was struggling with during his first residency at CWFM. A third medical provider, Sagar Vijapura, MD, provided psychiatric treatment and those records are reviewed and summarized here.

Clinical reports by Nicholas Delgado, MD, dated 04/06/2015 through 03/27/2018, convey the following:

- Patient was diagnosed in 2007 with ADHD.
- Ritalin 20 mgs.
- Father with history of diabetes, hypertension, colon cancer, smoker, emphysema.

- Mother with history of diabetes, hypertension, hypothyroidism, osteoarthritis, depression.
- He is a medical school graduate, going into family medicine residency in Washington State.

A clinical report by Dr. Bulfinch dated 03/11/2019 conveyed the following:

- Requests a neuropsychological evaluation.
- No side effects of ADHD medication.
- Ongoing medical problems include ADHD, erectile dysfunction, family history of colon cancer, morbid obesity.
- Surgical history, wisdom teeth extracted.
- Medications include Methylphenidate, Ritalin, Sildenafil.
- Substance Use-never; Tobacco Use-Never.

Clinical reports by Sagar Vijapura, MD that span 07/18/2019 through 08/19/2021, convey the following:

- Chief Complaint & History:
  - I was terminated from my medical residency on 05/01/2019.
  - I struggled with in-patient service, I would stutter, repeat myself, miss social cues, these are the only area I would struggle in.
  - The program sent me to Washington Physicians Help Program.
  - As part of their evaluation, I was referred to follow up with a neuropsychological evaluation.
  - I had the neuropsychological evaluation on 04/03/2019, my results came back on 05/08/2019, one week after CWFM terminated me.
  - I was diagnosed with Generalized Anxiety Disorder.
  - Since my termination I have been struggling with depression, anxiety, panic attacks. I am afraid that my career is over, I am scare of the future. I began having suicidal thoughts.
  - Program claimed that he was terminated because of lack of knowledge consistent with level of training.
  - He stated that he has spoken with four lawyers to consider pursuing legal action.
  - He stated he never endangered a patient or did anything unethical.
  - He endorses symptoms difficulty with attention, making careless mistakes, distractibility, organization, procrastination, anhedonia, sleep disturbance, loss of 20 lbs., feelings of worthlessness, and suicidal ideation.
  - He stated he would not suicide because he loves his wife. He stated his marriage is very strong.
- Vitals:
  - Weight 268 lbs.
  - Height 69 inches (5'9")
  - BMI 39.58
- Clinical Assessment:

  - Depression NOS w/o psychotic features.
  - GAD
  - History of ADHD, combined type.
- Risk Assessment:
  - Low imminent suicide/homicide risk.
- Protective Factors:
  - Help seeking, future oriented, good personal support, no suicide attempts, engages in safety planning, demonstrates practical judgement and impulse control to be able to self-monitor and access crisis care.
- Medications:
  - Sertraline (Max at 150 mgs)
  - Methylphenidate (Max at 40 mgs, extended release)
  - Propranolol (Max at 10 mgs)
- Plan:
  - Start Sertraline 25 mgs and increase to 50 mgs.
  - Change ADHD meds to extended release.
  - Psychoeducation on diagnosis and use of psychotropics.
  - Follow up in 2 weeks.
  - Advised on suicidal prevention and resources.
- Continued Subjective:
  - Presents with wife in some sessions.
  - Some improved mood with Sertraline.
  - Propranolol helping to manage anxiety, decreased panic symptoms.
  - Anxiety results in sweating.
  - Extended-release methylphenidate improving attention and concentration.
  - Compliance with CBT at Metropolitan Behavioral.
  - Sertraline has reduced mental/emotional breakdowns.
  - Struggling with depression based on the situation, loss of residency.
  - Working on self-awareness in CBT.
  - Some sexual side effects from Sertraline.
  - Extended-release Methylphenidate is less anxiety inducing.
  - Takes less ADHD medication when not working
  - He reports exercising and eating better.
- Diagnoses:
  - F41.1 GAD
  - F90.2 ADHD Combined Type
  - F32.9 Major Depressive Disorder, single episode, unspecified.

REVIEW OF PSYCHOLOGICAL ASSESSMENTS

On 10/23/2008 and 10/30/2008, Carol Wintermyer, PhD, and David Goodman, PhD, completed a psychological assessment with Dr. Vorgias. I have paraphrased and bulleted the scores by T-Score, percentile ranking and qualitative description. The following was assessed and diagnosed:

- Wechsler Adult Intelligence Scale-III (WAIS-III)
  - Verbal Intelligence Quotient 125 95% Superior Range
  - Performance Intelligence Quotient 119 90% Superior Range
  - Full Scale Intelligence Quotient 125 95% Superior Range
  - Verbal Comprehension Index 131 98% Very Superior Range
  - Perceptual Organizational Index 118 88% High Average
  - Working Memory Index 115 84% High Average
  - Processing Speed 114 82% Average
- There was no significant discrepancy between VIQ and PIQ, however the VCI scores are significantly higher than the POI, WMI, and PSI scores. The discrepancy between these scores suggests a profound relative strength in verbal comprehension but it also means the discrepancies in lower scores of perceptual, working memory and processing speed likely creates difficulties in cognitive functioning. This likely describes Dr. Vorgias's comment that "its like 4 thoughts going on at once but my thoughts cannot be conveyed quick enough". The emotional and social compensatory strategies to demonstrate his intelligence are to over verbalize, demonstrate his skills through memorization and impulsive conveyance of facts. By over use of these compensatory strategies, he misses other important social and emotional cues when communicating, engaging or listening.
- The cognitive functioning deficiencies show up as lack of concentration and lack of attention as well as recall of information in his short-term memory on visuo-constructional reasoning tasks, digit span and letter-numbering sequencing, and resulting in inconsistent performance on math problems.
- The Brown ADD Scales supported the WAIS-III findings as follows:
  - T-Score of 82 ADHD Highly Probable.
  - T-Score of 91 Impairment with Attention & Concentration.
  - T-Score 84 Impairment with ability to organize and activate.
  - T-Score of 82 Deficits in memory and recall of learned materials.
  - T-Score of 71 Deficits in sustaining cognitive energy.
- Other psychometric measures were administered and supported the deficits in executive functioning in the areas noted while demonstrating a superior IQ.
- Diagnoses:
  - Axis I: ADHD Combined Type
  - Axis II: Deferred
  - Axis III: Moderate seasonal allergies
  - Axis IV: Academic Difficulties, related discord with father, cumbersome schedule.
  - Axis V: GAF = 60
- Recommendations:
  - Continue with psychopharmacological assistance and management.
  - Seek additional strategies to improve cognitive functioning and academic functioning.

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On 04/03/2019, Kelly Cornett, PsyD, of Rehabilitation Institute of Washington, PLLC, completed a neuropsychological assessment with Dr. Vorgias's. The report conveys the following:

- Reason for Referral:
  - Referred by Washington Physician Health Program by attending physician, Charles Bulfinch, MD. And Dr. Moss.
  - Will assess patterns of cognitive strengths and weaknesses, neurobehavioral contributors to presenting concerns and make recommendations.
- Evaluation Procedures:
  - Multiple psychometric tests were utilized to measure multiple areas of functioning as expected by a neuropsychological evaluation.
- History of Injury/Disorder/Social/Developmental/Psychiatric/Medical:
  - Dr. Cornett provided an accurate history of his ADHD and symptom struggles.
  - Work history included Medical Resident, Medical Scribe, Teachers Assistant, and Laboratory Assistant.
  - He has struggled with the electronic medical record system at CWFM.
  - Educational Background noted BA, MA, MD, and MBA ongoing.
- Behavioral Observations:
  - Appropriately groomed and casually dressed.
  - Gait, body and facial features are grossly within normal limits.
  - He arrived 15 minutes late
  - Speech was pressured and at time circumstantial.
  - There were neologisms present.
  - Testing was done with patient on usual medication.
- General Intellectual Functioning:
  - Verbal reasoning (VCI=98th percentile) Very Superior Range.
  - Processing speed (PSI=70th percentile) Average Range.
- Language Functioning:
  - Word knowledge, similarity of words, and defining words fell between superior and very superior (84th to 99.6 percentile) compared to his age group
  - Confrontation naming fell in the average range as did phonemic or letter fluency.
  - Semantic or categorical fluency fell in the high average range.
- Inattention/Memory Problems, Processing Speed, Working Memory, Executive Control, Visuoperceptual, Visuospatial, Visuoconstructional, Memory and Learning, Academic Functions, Sensorimotor/Praxis, Emotional constructs and domains were measured. The results essentially supported the intellectual functioning and ADHD symptoms found in the 2008 psychological assessment. Furthermore it supported the discrepancy between VCI and PSI, which is known to be present with an ADHD diagnosis. Its like have a 500 horsepower engine, but the transmission is impaired to the extent the power becomes diffused or

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dampened, leading to other performance issues of the engine and car. In Dr. Vorgias's case, he possesses very superior to superior intellectual functioning, but when it comes time to communicating, her processing speed, attentiveness, and reciprocity of communication cause problems conveying what he really truly knows.

- Notable findings in summary and conclusions:
  - Strengths fall in verbal reasoning, ability to learn, ability to remember highly structured information, visual-memory and learning, writing and problem-solving skills.
  - His relative weaknesses (average scores), fell among attentional functioning, processing speed, working memory, alternation attention, response inhibition, mathematics, and find motor dexterity.
  - The deficits or weaknesses to not alone meet criteria for a cognitive disorder.
  - There was evidence of unawareness of or possibly resistance to self-disclose regarding psychosocial emotional functioning.
  - He did endorse and exhibit symptoms of anxiety and tendencies toward excitability and turbulence.
- ICD-10 Diagnostic Impressions:
  - F41.1 Generalized Anxiety Disorder
  - F90.2 Attention-Deficit/Hyperactivity Disorder, Combined Presentation.
- Implications/Recommendations:
  - CBT is warranted weekly to include cognitive restructuring to manage anxiety, enhance personal sensitivity and to learn ways to avoid being rebuffed and misunderstood.
  - Additional supervision during his residency is also recommended to address the concerns regarding relative weakness in the domains of attention and executive control.
  - Cognitive Speech therapy to improve attentional by implementation of SBIA, SMART, Exercise, Gantt Charts and ABC method of organization and prioritization.
  - Follow up with psychiatric provider regarding medication management for anxiety and ADHD.

REVIEW OF ACADEMIC PERFORMANCE & US MEDICAL LICENSING EXAMATION:

Academic Performance. His GPA was above a 3.5 with St. George's.

Dr. Vorgias passed Step 1, Step 2, and Step 3 for his United States Medical Licensing Examination on the associated dates:

Step 1	Passed	August 6, 2013
Step 2	Passed	November 10, 2015
Step 3	Passed	December 18, 2019

MEDICAL RESIDENCY PERFORMANCE & TRAINING RECORDS:

Medical Residency Performance.

Training Records/Reference Letters. There are several letters on file that describe Dr. Vorgias's traits, characteristics, communication style, and sound behavior in context of his potential as a Licensed Medical Doctor.

Judith Harvey, MD. Judith Harvey, MD, was employed at CWFM for nineteen years. Here is what she said about Dr. Vorgias:

- I was impressed with his passion for connecting with others.
- He matched our program in June of 2018.
- I supervised him for a year while practicing OP, OB, and hospital medicine.
- Initially his skills and medical knowledge were rusty, however, he recognized his deficits and worked quite hard at building his medical knowledge and efficiency.
- He has some anxiety during patient presentation, I then gave him one-on-one time and put him at ease, he then gave appropriate and thorough presentations and demonstrated an appropriate fund of medical knowledge.
- He consistently improved gaps in his medical knowledge.
- By the end of the first year, he was performing at the level expected for an intern.
- Unfortunately, because of his nervousness, some faculty had already made up their minds and was unable to see the progress he made.
- He went on probation and was sent to Washington Physicians Health Program for evaluation. He was diagnosed with anxiety (GAD) and unfortunately was discharged from the program before he had an opportunity to address his anxiety. Given the opportunity to address it, I would likely not have needed to write this letter.
- He possesses a quality that cannot be taught, and that is a great big heart. He is very protective of his patients and is first and foremost a patient advocate. He is aware of treating the whole patient. He goes the extra mile to work with care coordinators to ensure the best care for patients.
- After his termination meeting, he went to the hospital to sign-out on his patients, even as he was breaking down in front of me. That is the kind of dedication and professionalism that medicine needs. Given the opportunity, this dedication will continue to serve his patients, his team, and his career very well.
- Dr. Vorgias is a warm, motivated, enthusiastic, hard-working, passionate, and dedicated resident.
- He is a team-player who is well loved by his colleagues, staff, and patients.
- He has had the capacity to become an excellent physician who I believe any program would benefit from having him on their team. I highly recommend Dr. Vorgias for your residency program.

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Reference Letters. Other similar letters with similar sentiment were written by Douglas E. Coon, MD, FACEP, Ed Prasthofer, MD, Mark J. Bauer, MD, and Tess Ish-Shalom, DO, MS. Here are some stand out comments made by these physicians about Dr. Vorgias performance:

- I have witnessed his drive and dedication.
- I found his depth of knowledge solid and appropriate for is level of training.
- His ability to communicate with patients was always courteous and professional.
- From my experience his enjoyment and for learning actually made the teaching process a pleasure.
- I know that this challenge has only increased his passion and drive.
- He expressed enthusiasm, ability, and initiative beyond average and had an excellent work ethic.
- He was empathic with patients
- I found him to be attentive and recording in detail my recommendations and he asked inquisitive questions.
- Demetrios was an honors student at graduate of Boston University.
- He coauthored several publications.
- He clearly has the intellectual capability to perform as a physician and in a hospital training program.
- I believe that he is capable of continuing his post graduate medication education in a residency program.
- It is clear that severe anxiety and ADHD impeded his ability at CWFM Residency. Should these conditions be well controlled and properly accommodated, I anticipate he will be much more successful in the future.

Micahlyn Powers, MD, Residency Program Manager. I believe it CWFM made a major mistake by terminating Dr. Vorgias from residency based on discriminatory patterns of behavior and actions. The records illustrate a resident doctor who has all the "right stuff" to succeed. He did not have an ethical, moral, or egregious problems or weaknesses. The evidenced by the Program Director's evaluation document dated 06/06/2019, depict the traits and skills Dr. Vorgias has to succeed, yet the evaluation report erroneously gives him low categorical rankings. The records give some in-site into the culture of CWFM Program and a hostile supervisor who missed opportunities to uplift Dr. Vorgias who was primed to excel yet was struggling with some anxiety. The records depict a competent doctor in first-year residency, who if offered intervention to treat the underlying issues and overt symptoms of anxiety, would have succeeded in medical residency. Clearly, there was an under-current of hostility and retaliatory actions taken against Dr. Vorgias for no good reason except that a few people didn't like him and he was an easy target because of his anxiety, ADHD symptoms and notably his openness to criticize himself.

Dr. Powers performance report dated 06/06/2019 was written in context residency performance from 06/25/18 to 05/01/19. It was signed by Residency Program Director, Micahlyn Powers, MD. The report is a good representation of Dr. Vorgias's

commitment, dedication and multiple competent attributes that indicate he has what it takes to be a great doctor. It is an unfair and inaccurate representation of his true competency. This report depicts what behaviorally emerged with his anxiety and functioning when emotionally mistreated and disrespected. Under normal distress, his functioning waivered as would be expected by a first-year resident, but with a little encouragement and support, he rallied and went beyond expectations as noted by many supervisors. However, under emotional attack, rife with derogatory attitude and hostility, his anxiety and functioning went to a level of self-doubt and self-criticism that impaired his functioning, which did not actually reflect his true competency as a resident doctor. The narrative evaluation by Dr. Powers illustrates many positive attributes demonstrated by Dr. Vorgias. The evaluation by Dr. Powers is an exercise in contradiction in that her narrative describes a medical doctor that most clinics would be lucky to have, yet the categorical ratings were incongruent with the glowing narrative. In evaluation of performance, it is typically a sound evaluation if the narrative is congruent with the ratings of performance. In this instance, it's as if Dr. Powers is evaluating two different people, providing a glowing narrative yet providing low category ratings. It illustrates how Dr. Powers viewed him as a competent resident as described in her narrative, yet she gave low category competency marks. It may further suggest she reluctantly was drawn into the retaliatory campaign spear headed by Dom Nguyen. It is probable she was pressured to give him low marks to satisfy the retaliation campaign and to protect her position of power. Her report provides an example of CWFM decision and actions to recklessly terminate a resident who had committed his entire life to this vocation, and a callousness to overlook the treatment needs for someone with anxiety.

Dr. Powers marked 13 categories of competency as "Fair", 5 categories of competency as "Good", 2 categories of competency as "Excellent", 0 categories of competency were marked as "Poor", and only 1 category of competency was marked as "Unknown". It's interesting to note that the single category rated as "Unknown" was for procedural competence, yet there were many examples of observation by past supervisors that he did that well.

When reviewing narrative part of the report, Section III, the following terms are used to describe Dr. Vorgias's competencies and functioning: Enthusiastic, caring, team oriented, constantly caring for other residence and nurses, dedicated, driven to improve, loves his patients, builds relationships with patients, loves patient care, gets significant joy from treating the pediatrics populations, diffusing fear of children patients, he gave two great presentations-one on pediatrics and the other on pain, he likes to teach, he is very motivated to succeed in medicine, and was self-disclosing about his distractibility and self-criticism. Dr. Powers did link his anxiety to functioning but did not address that fact that the CWFM program did not accommodate treatment for anxiety to determine a fair course of action before terminating him.

The underlying and unresolved anxiety is connected to developmental trauma from childhood abuse, the untreated factors of ADHD related to emotional-social impact on

self-esteem and self-efficacy, and the group of auditory hypo-sensitive and hyper-sensitive symptoms that have an etiology likely from ADHD. He is able to manage these symptoms under positive mentorship and supportive supervision, but he tends to overcompensate with perfectionistic thinking and becomes preoccupied with worrying if he is accepted, leading to being overwhelmed in the moment. This occurs to a level of impaired functioning most prominently when an authority figure is hostile, unfair, and exhibits a derogatory judgement style against him. The anxiety symptoms and ADHD symptoms become a distorted cognitive source of a negative self-fulfilling prophesy. Dr. Vorgias has the intellectual ability, foundational knowledge, skills, abilities, commitment, dedication, work ethic, ethics, morality, personality, and positive attitude to finish training as a medical doctor. He has demonstrated traits and skills with patients, peers, and supervisors to be a competent doctor. Because of these contrasts in functioning, it suggests he has some untreated developmental trauma underlying the anxiety that needs to be treated in order for him perform more consistently. These conditions are highly treatable and the prognosis is very good if treatment is allowed and the employer is on board.

It is ironic that CWFM is accusing Dr. Vorgias for not following procedure, due to anxious behavior, yet the program managers did not follow its own procedure to wait for the neuropsychological evaluation and recommendations for treatment. If one is referred for an evaluation, isn't it imperative for the attending provider to get the evaluation results, and then analyze what interventions or treatment is needed, apply the interventions, and then see the patient through? CWFM did not follow procedure and protocol because they had already made up their minds. This demonstrates an uncaring and callous approach, a reckless and egotistical approach to someone who exhibits symptoms of suffering, that of anxiety. They did not apply empathic judgement. CWFM did not help Dr. Vorgias succeed, rather they took a hardline hostile approach to terminate. They took an uncaring and hostile approach with a resident doctor who by many accounts, was doing good work and correcting issues of functioning despite his anxiety.

TEST RESULTS

Symptom Checklist (Beliefs, Values, Thoughts, Emotions, Behavior)

Dr. Vorgias was asked to complete the Symptom Checklist. He checked the following:

- Depressed.
- Feel inferior
- Feel helpless.
- See no future.
- Difficulty falling asleep.
- Waking earlier than intended.
- Anxious.
- Nervous.
- Witnessed or experienced serious trauma.

- Witnessed or experienced life-threatening event or serious injury.

The ASEBA-Behavior Checklist-Adult

ASEBA Introduction. The ASEBA-Behavioral Checklist that measures adaptive and maladaptive functioning. It illustrates symptoms and behavioral domains along several emotional, social, cognitive and behavior scales. The test in taken in the context of post-termination of medical residency training. The ASEBA-Behavioral Checklist is a reliable and valid psychometric measure of adaptability that measure several psychological constructs using standard scales of measurement to determine functioning at normal (normative) or clinical pathological behavior. The primary constructs being measured by the ASEBA are as follows: Adaptive Functioning Scales, Internalizing/Externalizing Syndrome Scale; Substance Use Scale; DSM-Oriented Scales; Attention Deficit Hyperactivity Disorder Scale; Sluggish Cognitive Tempo and Obsessive-Compulsive Problems Scales.

Validity Interpretation. The results on the ASEBA-Behavior Checklist should be read and interpreted with caution. There were several response styles and response inconsistencies on this test which may suggest it was not an accurate view of symptoms or that the examinee may have been distracted in his response behavior.

Adaptive Functioning Scales. The subscales that determine level of adaptive functioning are defined under Friends, Spouse, Family, Job, Education, and Personal Strengths. These adaptive subscales purport that people turn towards those structures and support systems to adapt and function. When impaired functioning occurs or those structures and support systems are lacking, adaptive thinking and behaving may become impaired.

Among the Adaptive Functioning Subscales, Dr. Vorgias reported that his spouse and family play a significant role in helping him adapt to difficult situations and conditions. He did not respond to Friends and Job domains as adaptive resources, yet in my interview with him, he reported both friends and his career as sources of profound connection and fulfillment. It is likely that currently his behavior is such that he is embarrassed to share his difficulties with friends and does not see the job environment as a supportive and positive energy.

He also reported that he has many personal strengths of which he relies upon to functionally adapt to difficult or changing conditions. The personal strengths he endorsed include good use of time, ability to work long hours, being honest, views some strengths that make him stand out, meets responsibilities, stands up for self, enjoys the company of others, likes to help people, tries to be fair, enjoys experiencing new things and is generally a happy person.

Internalizing/Externalizing Syndrome Scale. Dr. Vorgias scored at the 90%, approaching the borderline cutoff score for anxious/depressive symptoms under the

internalizing domain of adaptive/maladaptive behavior. He endorsed subdomains of crying, worrying about the future, feeling like others are out to get him, feeling worthless, feeling nervous, lacks self-control, being fearful, suicidal ideation, feeling sad, feeling as though he can't succeed, and excessive worrying.

He endorsed subdomains of representing thought problems to include mind wanders off, experiences physical twitches, has repetitive acts or thinking, and perceives his behavior as strange at times. Two other domains representing aggressive behavior and intrusive behavior, while not in clinical or borderline range, are important to note. Subdomains endorsed in the domain of aggressive behavior is feeling blamed, others being mean, feeling judged by family, experience behavior change, being stubborn, and expressing temper. Subdomains endorsed in the domain of intrusive behavior include showing off, talking too much, and being loud. His intrusive behavior is viewed as a subconscious defense mechanism that most likely surfaces when he feels unfairly judged.

Substance Use Scale. Dr. Vorgias's scores on the Substance Use Scales were in the normal range of use. He reported no use of alcohol or substances.

Critical Test Items. Critical items on the test are those responses indicate need for follow up for treatment or for further evaluation. Dr. Vorgias reported difficulty with mind wandering off, crying, being mean, feelings of elation and depression, feeling as though his behavior is strange, suicidal ideation and sadness. The endorsed level of critical items scored at the 93%, just at the borderline range of 93-97 percentile.

DSM-Oriented Scales. Dr. Vorgias's notable scores on the DSM-Oriented Scale and Subscales did not reach the clinical level of pathology, yet are important to convey especially when comparing symptom validity testing across other measurement instruments that may be more sensitive to interpreting they symptoms associated with anxiety and depression.

Depressive Problems	87%
Anxiety Problems	87%
Avoidant Personality	>97%
ADHD Inattentive	>97%
Antisocial Personality	93%

Attention Deficit Hyperactivity Disorder Scale. Dr. Vorgias's ADHD Inattentive and Hyperactive/Impulsive scores did not approach the borderline cutoff or clinical range, suggesting this instrument was not sensitive enough to pick up on his patterns of ADHD that have been verified both clinically and with other quantitative instruments. Another explanation may be that he was highly distracted when taking the test or had shifted to a defensive posture about responding to such questions about attentiveness and impulsivity. A third possible explanation is that he has enough atypical ADHD symptoms and a superior IQ that which do not emerge on this type of test.

Sluggish Cognitive Tempo and Obsessive-Compulsive Problems Scales. Dr. Vorgias's scored > 62% (T-score of 53) for Sluggish Cognitive Tempo, suggesting his thought patterns are not slowed under normal or non-distressing conditions. Under distressful conditions, his cognitive processing or tempo is likely impaired. His OCD scale score was at 92% (T-score of 64), suggesting he has ruminative thinking, excessive worrying. OCD thinking and behavior may also be represented by his procrastination, which really appears to manifest as a combination of perfectionistic thinking and impulsive distractibility. He does not necessarily procrastinate purposely, but instead is highly distracted by perhaps less important tasks or stimuli for which he impulsively attends to. Another way to express this is that he has difficulty prioritizing and organizing thoughts and tasks at hand.

The Millon Clinical Multiaxial Inventory-IV

The MCMI-IV is a personality evaluation instrument suitable for forensic evaluation and clinical intervention for psychotherapy. The instrument is a reliable and valid measure of test response style (over/under reporting), psychological symptoms of beliefs, thinking, emotions and behavior for accurate diagnosis and treatment. It is also a reliable and valid measure of clinical personality patterns and/or at-risk personality characteristics/traits that may or may not influence current psychological diagnoses, adaptive/maladaptive functioning, and clinical syndromes. The instrument is not a stand-alone instrument nor are its findings meant to be definitive measure without other sources to triangulate accuracy of findings. The report and findings should be interpreted in context of other tests, interviews, clinical observations of a trained mental health clinician, review of historical records, fact patterns and data. The findings of the MCMI-IV have been integrated into the evaluation for Demetrios Vorgias along with other valid measures. The MCMI-IV test findings are congruent and explainable with other test findings and clinical interpretations.

Base Rate Scores. Base rate scores are indexed on a scale of 0 – 115. A score of 60 represents the median of a clinical distribution, 75 serving as the cut score for presence of disorder, 85 serving as the cut score for prominence of disorder, and 115 corresponding to the maximum raw score.

Scoring Scale for MCMI-IV Personality & Psychopathology

Normal Functioning Present	Style Present	Type/Features Present	Clinical Disorder Present
0 – 59	60 - 74	75 - 84	85 - 115
Nonclinical	Tendencies	Traits or Syndrome	Persistence of Clinical Disturbance

Validity/Modifying Indices. There are two scales to detect random response styles, the Validity Scale (V) contains a number of improbable items which may indicate

questionable results if endorsed. The Inconsistency Scale (W) detects differences in responses to pairs of items that should be endorsed similarly. The more inconsistent responding on pairs of items, the more confident the examiner can be that the person is responding randomly, as opposed to carefully considering their response to items.

The validity score (V) was within normal limits. Five inconsistency responses on the Inconsistency (W) Scale emerged. Base rate adjustments were made in the anxiety (A) and depression scales (CC). The inconsistency responses represent a man who likely has a higher level of anxiety and depressive symptoms than what he would like to admit to. Another explanation is that he may be unaware of how anxiety and depression emerge or in a hostile environment. In other words, he is more likely to normalize hostile engagement if and when it is directed towards him based on attachment issues and abusive behavior he contended with as a child and young man. His distortion of hostile behavior therefore underlies inconsistent responses to similar questions about anxiety and depression as symptoms relate to hostility.

The modifying indices scale of disclosure was in the average range, representing a examinee who was open to responding in an honest and conscientious manner.

The modifying indices scale of desirability was in the high range (BR-78), suggesting he has a style or tendency of describing himself in an overly positive light. Based on other test results and clinical interview, my interpretation is that his propensity to present himself in an overly positive or elevated desirability is learned behavior out of self-preservation, operating subconsciously as an overcompensated response to feeling inferior or critical of himself. The high validity score for desirability is clinically explainable given other interpretations and the MCMI-IV test results are considered reliable and valid.

The modifying indices scale of debasement was in the average range, suggesting he does not exaggerate his symptoms or elevate the negative problems or conditions occurring within or around him.

The table below represents Dr. Vorgias's underlying beliefs, thoughts, emotions, and behavior, personality patterns, personality pathology, syndromes, and severity level of findings.

Modifying Indices	**BR Score**	**Qualitative Definition**
Disclosure	46	Average Range, Consistent Response, & Valid
Desirability	78	High Range, overly positive presentation, Explainable and Valid
Debasement	50	Average Range, Consistent Response, & Valid
Clinical Personality Patterns	**BR Score**	**Qualitative Definition**
Histrionic	65	Non-Clinical but stylistic.

Turbulent	71	Non-Clinical but stylistic.
Narcissistic	65	Non-Clinical but stylistic.
Compulsive	67	Non-Clinical but stylistic.
Negativistic	67	Non-Clinical but stylistic.
Severe Personality Psychopathology	**BR Score**	**Qualitative Definition**
None	None	None
Psychopathology/ Clinical Syndromes	**BR Score**	**Qualitative Score**
General Anxiety	75	Maladaptive Feature or Syndrome by etiology.
Severe Clinical Syndromes	**BR Score**	**Qualitative Score**
Major Depression	77	Problems concentrating, dread, hopelessness, worthlessness, guilt, irritability.

MCMI-IV Diagnoses Considerations.
F41.1 Generalized Anxiety Disorder
F90.2 Attention-Deficit/Hyperactivity Disorder, Combined Presentation.

Symptom Checklist-90-R (SCL-90-R)

Overall, Dr. Vorgias's SCL-90-R symptom profile is not of a magnitude to be considered in the clinical range. However, depressive symptoms and anxiety symptoms approach at stylistic or featured in his adaptive/maladaptive functioning. Also given his tendency to amplify and present himself in overly positive light, I would be inclined to argue that he under-represented his symptoms on this test. I believe he is in the moderate range of symptoms severity for anxiety and depression.

EARNING CAPACITY EVALUATION & EXHIBITS USED TO SUMMARIZE OR SUPPORT OPINIONS

Earning Capacity Analysis
To properly assess loss of earning capacity, there are several data sets that help describe Earning Capacity. Several data points and sources are used to define the data sets of Actual Past Earnings, Pre-Termination Earning Capacity, Past Lost Earnings (since the date of termination), Post-Termination Diminished Earning Capacity, and Post-Termination Mitigating Earnings Losses.

Actual Past Earnings (Pre-Termination) & Past Lost Earnings. The facts and data on file illustrate Dr. Vorgias's actual earnings while at CWFM was $43,858.30. Would they have kept him on at the clinic for the full year, he would have earned $52,630.00. He therefore lost $8,771.70 in earnings for his first year of medical residency.

Tax Year	**Actual Earnings**	**Estimated Earning Capacity**	**Past Loss Earnings**
2018 1st year residency	$43,858.30	$52,630.00/Year ($4,385.83/Month)	**-$8,772.00**

Estimated Earning Capacity During Medical Residency & Past Lost Earnings.

Tax Year	Estimated Earnings Capacity	Past Loss Earnings
2019 2nd year residency	$55,080.00	**-$55,080.00**
2020 3rd year residency	$58,450.00	**-$58,450.00**

Earning Capacity Post-Medical Residency.

May 2020 - U.S. NATIONAL (USDOL-BLS) Occupational Employment and Wage Survey for Family Physician (OEWS):

Hourly - 10%ile = $38.28 Weekly - 10%ile = $1,531 Annual - 10%ile = $79,610
Hourly - 25%ile = $71.31 Weekly - 25%ile = $2,852 Annual - 25%ile = $148,320
Hourly - 50%ile = $99.70 Weekly - 50%ile = $3,988 Annual - 50%ile = $207,380
Hourly - 75%ile = No Data Weekly - 75%ile = No Data Annual - 75%ile = No Data
Hourly - 90%ile = No Data Weekly - 90%ile = No Data Annual - 90%ile = No Data

National Wage Survey Data from Salary.Com for 2020 for Family Physicians-With Sign-On Bonus:

Salary.com: Physician - Family Practice Salary+Bonus by Percentile

PERCENTILE	SALARY	LOCATION	LAST UPDATED
10th Percentile Physician - Family Practice Salary + Bonus	$181,260	WA	September 27, 2021
25th Percentile Physician - Family Practice Salary + Bonus	$206,399	WA	September 27, 2021
50th Percentile Physician - Family Practice Salary + Bonus	$234,012	WA	September 27, 2021
75th Percentile Physician - Family Practice Salary + Bonus	$271,366	WA	September 27, 2021
90th Percentile Physician - Family Practice Salary + Bonus	$305,376	WA	September 27, 2021

Salary.com: Physician - Family Practice Salary+Bonus by Percentile

PERCENTILE	SALARY	LOCATION	LAST UPDATED
10th Percentile Physician - Family Practice Salary + Bonus	$160,860	Jacksonville,FL	September 27, 2021
25th Percentile Physician - Family Practice Salary +	$183,170	Jacksonville,FL	September 27, 2021

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PERCENTILE	SALARY	LOCATION	LAST UPDATED
Bonus			
50th Percentile Physician - Family Practice Salary + Bonus	$207,674	Jacksonville,FL	September 27, 2021
75th Percentile Physician - Family Practice Salary + Bonus	$240,825	Jacksonville,FL	September 27, 2021
90th Percentile Physician - Family Practice Salary + Bonus	$271,007	Jacksonville,FL	September 27, 2021

Due to Covid virus pandemic and the strain it has put on medical institutions and professionals, there is a high demand and low supply of physicians as well as other medically trained personnel available. This scenario drives up starting salaries. Most institutions are offering sign-on bonuses for newly graduated physicians, physicians without licenses in states where supply is very low, and for those physicians who have some years of experience in the field. I have shown the OEWS statistics for physicians on a national basis and it does not show the 75% or the 90% likely because that is changing rapidly during this Covid pandemic. I also used Salary.com, a private source who publishes wages and salaries for family practice physicians.

The table below depicts salaries starting at the 50% percentile through the 90%. It is my opinion based on salary research, high demand for new physicians, and current low supply of physicians available, that there are a large number of employers who would hire new physicians at the 50% and the 75%, depending on how urgent their need is. Currently the need is high in almost all states.

The USDOL-BLS OEWS data provides a baseline for family physician salaries, however, Salary.com provides a more boots on the ground reality of what family physicians are being paid at completion of their medical residency.

Location & Data Source	**50%**	**75%**	**90%**
National/OEWS data	$207,380	NA	NA
Washington/Salary.com	$234,012	$271,366	$305,376
Florida/Salary.com	$207,674	$240,825	$271,007
Average	$216,355	$256,095	$288,191
Most probable starting wage:		**$256,095**	

EX. 8

Diminished Earing Capacity (Salary + Benefits)

It is estimated that it may take another entire year from today's date before Dr. Vorgias could be matched for a new medical residency clinic. It is not certain that he will be able to match again based on how CWFM handled the termination of his first-year medical residency. But assuming he can, there will be diminished earnings losses from 2021 through 2024, at which time Dr. Vorgias would complete his third-year residency.

A 5% cost of living increase is calculated for every year after 2021. An additional $500 will be added to the benefits value every year after 2021 due to inflation, cost of managed health care increases and production/merit increases. Additional losses are appropriate to consider if present value calculation and delayed earnings losses are considered.

Tax Year	Earning Capacity	Benefits 25%	Total Earning Capacity	Expected Earnings	Diminished Earning Capacity
2021	$256,095	$64,023	$320,118	$00.00	$320,118
2022	$282,345	$64,523	$346,868	$55,080	$291,788
2023	$296,462	$65,023	$361,485	$58,450	$303,035
2024	$311,285	$65,523	$376,808	$320,118	$56,690
2025	$326,849	$66,023	$392,872	$346,868	$46,004
2026	$343,191	$66,523	$409,714	$361,485	$48,229
2027	$360,351	$67,023	$427,374	$376,808	$50,566
Total Diminished Earning Capacity					**-$1,116,430.00**

LOSSES, HARMS, & DAMAGES

Past Lost Wages	$122,302.00
Diminished Earning Capacity Loss	$1,116,430.00
Pain and Suffering-general damages	$ to be determined by jury
Total Losses & Damages:	$1,238,732.00 (not including non-economic/general damages as determined by jury)

ANSWERS TO EVALUATION REFERRAL QUESTIONS

1. What if any behavior performance on the part of Dr. Vorgias during academic medical training, or first-year residency performance would suggest he would be terminated because of inability to be taught?
    a. His GPA with St. George's University for the program of Doctor of Medicine indicates a B+ GPA.

   b. There are many medical doctors who worked with Dr. Vorgias in his first-year medical residency and gave him high marks despite the anxiety that he was having difficulty with.
2. What immoral, unethical, illegal, or egregious actions or behaviors did Dr. Vorgias demonstrate that put patients at risk?
   a. There are no immoral, unethical, illegal, or otherwise egregious actions or behaviors Dr. Vorgias was cited for or that contributed to his termination.
   b. Dr. Vorgias was assessed by many as a well loved doctor by patients and peers and staff.
3. What immoral, unethical, illegal, or egregious actions or behaviors did Dr. Vorgias demonstrate that put CWFM or other professionals in danger?
   a. There were no immoral, unethical, or otherwise egregious actions Dr. Vorgias displayed that justified termination.
4. What actions or behaviors did Dr. Vorgias demonstrate that would suggest he could not correct them to improve if he were given proper mentorship and adequate training?
   a. There are numerous accounts written by Chief Resident, Senior Resident, and other medical residents stating Dr. Vorgias responded in a positive, corrective, and learned manner when approached about his anxiety.
5. What basis did CWFM use to justify terminating a first-year resident and was it reasonable without attempted accommodation?
   a. Based on fact patterns of record, CWFM and his supervisor (Dom Nguyen) did not take the opportunity after the neuropsychological evaluation to implement prescribed treatment to help him adjust. It also appears that his Dom Nguyen purposely set out to create a hostile and retaliatory approach to terminate him.
6. What if any mentorship and supervision did CWFM implement to help support Dr. Vorgias in overcoming typical incompetence's for a first-year resident?
   a. The fact pattern suggests that a lack of supportive supervision and mentorship was lacking from Dom Nguyen.
   b. There is evidence to suggest that if you are not liked among the in-group, your requests for support would be dismissed.
   c. Dr. Nguyen's approach of hostility resulted in Dr. Vorgias pushing back when he felt as though Dr. Nguyen was being hostile. When Dr. Vorgias attempted to appropriately defend himself, Dr. Nguyen became retaliatory as did medical management who ultimately chose to terminate his residency prematurely.
7. What if any psychological diagnoses and or symptoms interfere with Dr. Vorgias's functioning as a first-year resident?
   a. Dr. Vorgias had been diagnosed with ADHD since 2007/2008. He had learned to adjust to academics and work demands by seeking therapy

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and using prescribed medication. He had continued with such treatment while at CWFM and had adjusted as he went.

b. However, when a pattern of hostile and retaliatory behavior emerged towards him, his anxiety level amplified to an extent that it interfered with his performance, particularly around Dr. Nguyen. CWFM recommended he pursue a neuropsychological evaluation to assess what problems were interfering with his performance. Unfortunately, CWFM did not await the results, but instead terminated him.

8. What actions did CWFM take to help Dr. Vorgias overcome symptomatic mental health and behavior, so that he could function to the minimum acceptable standards as defined in ACGME Program Requirements and Residency Handbook?
    a. Some staff offered mentorship and appropriate supervision as evidenced by reference letters. As Dr. Vorgias progressed through the medical residency, Nguyen and a few others in management made up their minds prior to the neuropsychological evaluation being completed. They set out to terminate him by harshly and unfairly building competency performance problems against Dr. Vorgias instead of offering support.
9. Would Dr. Vorgias have successfully met minimum competencies if CWFM would have provided well-planned supervisor support during his residency and particularly after the neuropsychological evaluation was completed?
    a. Yes, there is evidence from other physicians who wrote statements on behalf of Dr. Vorgias good performance that when they put him at ease, spent time to mentor him, and offered guidance and support, that he met performance standards.
    b. Yes, his academic grades and licensing exams demonstrate the intellectual and cognitive functioning to excel.
10. Were there any reasonable performance reasons, perceived, suspected, or documented that interfered with Dr. Vorgias's performance as a first-year medical resident?
    a. No, there was no reasonable justification to terminate Dr. Vorgias from his position with CWFM. He was purposely pushed into a hostile environment that lead to a retaliatory environment.
    b. There was a justifiable reason for CWFM to be patient and wait for the neuropsychological evaluation that diagnosed Generalized Anxiety Disorder. Upon further inquiry, CWFM could have offered support in many different ways to help Dr. Vorgias to adjust and continue to succeed.
    c. Furthermore, Dr. Nguyen wrongly accused Dr. Vorgias of not having the knowledge of medicine consistent with his training level. He wrongly evaluated and accused him of not being "teachable". This is highly unlikely if one were to consider the following:

i. Despite Dr. Vorgias ADHD, he earned a 3.5 + GPA at St. George's University School of Medicine.
ii. Dr. Vorgias passed Step 1, Step 2, and Step 3 of his United States Medical Licensing Exams.
iii. Many others who worked with Dr. Vorgias gave him high marks for quality traits and fund of knowledge to be a physician.
iv. He is in the superior to very superior range of intellectual functioning areas that would suggest he is very capable of learning and maintaining a high level of knowledge for which he committed his life to.
v. The fact pattern of record shows that Dr. Vorgias had/has the knowledge, did have some correctable performance issues that were corrected and could be corrected with appropriate support, and was teachable.
vi. The fact pattern of record illustrates that Dr. Nguyen along with a few others, made up their minds prematurely to terminate him, acted with haste, hostility, and retaliatory behavior.

11. What losses and damages will occur should Dr. Vorgias be thwarted from getting placed into a new residency based on CWFM discriminatory actions that led to residency termination?
    a. It is well documented in employment law and forensic vocational evaluation, that in some industries and professions, a termination that purposely or with retaliatory intent, can result in a "black balling" effect of the individual. CWFM would play a part in providing a reference that would hopefully refrain from discrediting Dr. Vorgias in any way. At this time, it is uncertain if CWFM and its staff have acted against Dr. Vorgias to the extent that he would be precluded from getting a new residency match. He has made attempts to match with new clinics and has not been matched to date. If he cannot be matched/placed to finish his residency to realize his vocation as a licensed and trained Physician, the future earning capacity damages would be catastrophic. His losses/damages would run in the millions over his work-life expectancy on a comparison analysis for earnings as a Physician in contrast to a Chief Laboratory Technician.

OPINIONS AND RECOMMENDATIONS AND THE BASIS AND REASONS

Psychological Diagnoses:
F41.1 Generalized Anxiety Disorder
F90.2 Attention-Deficit/Hyperactivity Disorder, Combined Presentation.
F32.4 Major Depressive Disorder, Single Episode (In Partial Remission).
V62.29 (Z56.9) Other Problem Related to Employment-Hostile Work Environment.

Professional Opinions:

1. Dr. Vorgias is highly functional and capable of finishing out a 3-year medical residency if he is provided normal supportive supervision. If there is a chance to finishing up at CWFM, then a new supportive supervisor should be made available. However, its highly unlikely CWFM will offer him another chance based on how they terminated him. If a new residency site is required, it would be supportive if CWFM were to provide a positive written reference that provides confidence with the next site that Dr. Vorgias is capable but didn't finish with them due to a misunderstood diagnosis or their hasty decision making.
2. Dr. Vorgias is quite capable of improving and learning through psychotherapy and speech therapy to address symptoms associated with a communication style that fits the term "auditory hyposensitivity". I would defer to a speech therapist to determine if there is another diagnosis associated with symptoms of auditory hyposensitivity (AH) or if its related to ADHD. AH symptoms are known to present as core features with some ADHD patients. He certainly has the symptoms associated under AH that include speaking loudly, speaking excessively, difficulty with verbal cues, low self-esteem, insecure relationships, difficulty with remembering what was said particularly under hostile conditions, talks self-through tasks, and misses certain sounds. AH symptoms may also be associated with other facets of sensory related diagnoses. A speech therapist is better trained to detect such problems. Either way, there is a strong prognosis for Dr. Vorgias to make the needed changes and adapt to most any training site.
3. It is clear that Dr. Vorgias has adapted successfully in many ways from childhood developmental trauma and abuse from his father and has compensated adaptively with ADHD challenges. Yet, treating these things together in a dynamic fashion I believe has not been done.
4. I believe that up until his residency and the emergence of GAD, the GAD threw him a curve ball that he did not know how to respond to quickly in the presence of a hostile environment. In addition, it's difficult to adapt quickly to a hostile work environment, threats of termination, and derogatory attitude from your supervisor. If he would have gotten sufficient treatment for GAD and was provided supportive supervision, he likely would have continued in medical residency with CWFM. Unfortunately, CWFM was too hasty and retaliatory in their responses to oust him from residency. Perhaps they took this approach simply because they did not like him or because the clinic culture is one of "sink or swim on your own".
5. He would benefit from cognitive behavioral therapy/behavioral therapy to bridge the gap where deficiencies emerge because of GAD and aggravated ADHD. It will be important to build into therapy modalities to help Dr. Vorgias conceptualize and overcome his developmental trauma residuals, current communication style (auditory hyposensitivity features), ADHD, and GAD. All of these things create a dynamic that can create a maladaptive response style that

works against him. He will require treatment so that more adaptive responses on is part will occur even in the face of potential negativistic supervision.

6. It is expected that discrepancies between superior verbal intellectual functioning and average perceptual, organizational, and processing speed as noted in psychological assessment reports will become less cognitive impediment and more of a known and accepted weakness that can then be dealt with using practiced cognitive and behavioral approaches.
7. Psychotherapy is expected to help Dr. Vorgias set goals and reach them in the following context:

- Teach and council Dr. Vorgias the nuances of social-emotional symptoms impact from a life-long diagnosis of ADHD. Most psychotherapists, doctors, and counselors do not address the social-emotional deficits that cause problems because of ADHD. Not treating this side of ADHD will worsen GAD, MDD, and continue to disproportionately put him at risk with hostile behavior.
- Testing and assessment has noted Dr. Vorgias has procrastination problems associated with or in combination with organization and prioritization. Research shows that people with significant procrastination issues finds that upon deeper investigation, procrastination is emotional impulsivity and a low tolerance to defend against distractibility. It's not that Dr. Vorgias procrastinates and avoids getting things done, its that he has not trained himself to reduce emotional impulsivity and from being easily distractible. He therefore gets too easily pulled into other relevant tasks but that are not critical in getting things done on time and in order.
- Research further demonstrates that prioritizing, organizing, and goal setting are not helped that much by stimulant medication. Rather such deficiencies are changed through clear, concise, and practiced behavioral therapy goals. ADHD medication helps improve executive functioning, but without behavioral therapy and clear behavioral goals to change the wanted behavior, medication may in fact increase obsessive compulsive thinking and behavior, and worsen distractibility.

8. Dr. Vorgias is vulnerable to worsening to mental health symptoms associated with GAD and ADHD if he continues to be supervised by someone who openly, unfairly, and harshly judges him, and has hostile intent to cause pain and suffering for the purpose of ousting him from his training environment.
9. On the other hand, he has demonstrated that he adjusts quite well to overcome deficiencies in training when he is being mentored and supervised by someone who takes the time to understand him, provide tools for his unique challenges, is empathetic, and supportive.
10. He is aware of most of these problems, including his style of communication. I believe he has not had a well conceptualized set of methods to help him overcome the problems with GAD, ADHD, and communication style in a manner that releases him from subconscious negativistic and catastrophic beliefs and thinking that underlies these known problems.

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Psychological & Medical Treatment Recommendations:

1. CBT and Behavioral Therapy to restructure cognitive schemas and replace behavioral actions to better adapt to prioritization and organization.
2. Use CBT and Interpersonal Psychotherapy methods to extinguish emotional impulsivity and disruptive distractibility.
3. It may be worth a try to introduce the third tier ADHD medication called Guanfacine. Guanfacine is a nonstimulant and it may provide the executive functioning improvement without subtle OCD symptoms. This might mean reducing or eliminating stimulant medication for awhile to see how it works. Another possibility to consider is Vyvanse.
4. It is recommended Dr. Vorgias get evaluated by a speech therapist for symptoms defined under the paradigm of Auditory Hypo-Sensitivity and Hyper-Sensitivity.
5. If he has more than one sensory input problem upon speech therapy evaluation, it would be productive to consider sensory issue is making it more difficult for him to adjust to using the electronic medical record system and how that may be related to ADHD symptoms. If there are any recommendations to assist him in this realm, they are welcomed.
6. I believe Dr. Vorgias would benefit from psychotherapy weekly for the first few months. Then every two weeks would be sufficient until the desired cognitive, emotional, and behavioral changes are achieved.

COMPENSATION TO BE PAID FOR EXPERT SERVICES

Attached is a copy of my rate sheet for professional services provided.

LIST OF ALL CASES TESTIFIED DURING PREVIOUS 4 YEARS, AS EXPERT BY TRIAL OR DEPOSITION

Attached is a list of cases wherein I have previously testified, worked, or provided expert services/opinions.

Sincerely,
Whitmer and Associates, Inc.

Scott A. Whitmer, Psy.D.
Psychotherapist/Forensic Evaluator
Certified Rehabilitation Counselor
American Board of Vocational Experts-Diplomat
International Psychometric Evaluation Certified
Licensed Mental Health Counselor

WHITMER & ASSOCIATES, Inc

Scott A. Whitmer, PsyD, CRC, ABVE/D, IPEC, LMHC

PROFESSIONAL FEE & SERVICE AGREEMENT

Evaluation billable activity typically includes case management, research, testing, interviews, report writing and testimony. Here are some following examples but the list is not exhaustive:

Interview(s) of Examinee	Interview of Collateral Source(s)	Labor Market Research
Administering Tests	Authoritative Literature Review	Writing Correspondence
Communicating by Phone	Communicating by Email	Communicating by other
Writing Reports	Review of Documents & Files	Consultation In Person
Electronic Consultation	Research of Relevant Data	Scoring, Analysis, Synthesis
Reading Correspondence	File Reviews	Any Kind of Testimony

Billable Fees for Evaluation and Testimony will be billed hourly, with smallest units billed by 15-minute intervals.

HOURLY BILLABLE FEES:

All Evaluation and Case Management Activities	$325.00 per hour
All Types of Testimony (Deposition, Live Testimony..)	$425.00 per hour
Test Instrument Cost	Cost + 10% administration
A file, organization, set-up, admin, consultations, naming fee	1 hour minimum
Travel Time	50% of billable rate per hour
Wait Time	50% of billable rate per hour
Driving Mileage	.55 cents per mile
Parking	Reimbursed by receipt
Air Line Fees	Reimbursed by receipt
Hotel Fees	Reimbursed by receipt

Fees for expert or non-expert testimony at any level of litigation (depositions, mediation, arbitration, and trial) is billed by incremental hour as noted above. If there is a remaining balance due to Scott A. Whitmer or Whitmer & Associates, Inc., after any retainer funds have been exhausted, the final evaluation report will not be made available to the party (s) signing and paying under this agreement until the invoice for such services are paid in full.

FEES FOR TESTIMONY: If I am required to testify, a new retainer fee of $3,500.00 is required prior to testimony. A 4-hour minimum at the testimony rate will be charged against the retainer if I spend less than 4-hours testifying. If I am asked to be available for more than 4-hours for any kind of testimony, the minimum amount due will be $3,500.00 per day. I will schedule testimony time on my calendar, but it must occur no less than two weeks in advance of the date of testimony. Prior payment for scheduled testimony is due at time of scheduling or no later than 3 business days after scheduling. Any testimony cancelled during 2 weeks prior to the testimony date by defense, plaintiff, court, or unrepresented, will be charged accordingly for the amount of time I was expected to testify.

RETAINER SPECIFICS FOR THIS AGREEMENT:

Retainer Amount Required:	$3,500.00
Payable to:	Whitmer and Associates, Inc or Scott A. Whitmer
Address:	205 N. 40th Avenue, Suite 203, Yakima, WA 98908
FED EIN:	46-2012523

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TESTIMONY LOG of SCOTT A. WHITMER, PSYD, LMHC, CRC, ABVE/D, IPEC as of 08/16/2021						
Scott A. Whitmer, PsyD, LMHC, CRC, ABVE/D, IPEC			Evaluations, deposition, administrative hearings, arbitrations, mediations, and jury trials.			
Whitmer & Associates Inc.		EIN: 2012523				
Claimant Name	**Claim or Case ID**	**Client/Attorney/Referrer**	**Client Type**	**Case Type**	**Date of Referral**	**Date of Closure**
Kramer, Joshua	Kramer	Montoya Hinkley	Employment	Employment Law	06/28/2021	07/12/2021
Potter, Shiloh	Potter	True Law Group, PS	Family Law	Family Law	08/25/2020	Ongoing as of 08/16/2021
Martinez-Rodriguez, Juan	Martinez-Rodriguez	Qwest Office	Immigration	Immigration Hardship Evaluation	2019	04/21/2021
Shiner, Velma Rae	Shiner	Referred by Daughter	Geriatric	Mental Health Assessment	04/13/2021	04/23/2021
Cabrera, Martha	Cabrera	Church and Page, PLLC	Plaintiff	Personal Injury	03/10/2021	06/21/2021
Angeles Sanchez, Maurilio	Angeles-Sanchez	Qwest Office	Immigration	Immigration Hardship Evaluation	2019	04/13/2021
Nicholson, Patrick	Nicholson	Self-Referred	Defense	Psychosexual/Parental	03/09/2021	Ongoing as of 08/16/2021
Acord, Lorraina	Acord	Gierth-Eddy Law Offices	Plaintiff	Personal Injury	08/28/2020	01/04/2021
Brophy, Mike	Brophy	William Pickett, Attorney	Employment	Employment Law	05/25/2021	07/23/2021
Lackey, Kanani	Lackey	Gierth-Eddy Law Offices	Plaintiff	Personal Injury	08/28/2020	Ongoing as of 08/16/2021
Rodriguez-Hunter, Cheryl	Rodriguez vs. Rodriguez-Hunter	Yakima Law, PLLC	Parental	Family Law/Parental	03/25/2021	06/15/21
Kienow, Teresa	Kienow	Self-Referred	Parental	Divorce Lit/Parental	08/20/2020	2020
Hibbs, Tom	#BC89874	Darrell Smart	Plaintiff	Worker Comp	2020	2020
Macias-Martinez, Luis	#BB61914	Darrell Smart	Plaintiff	Worker Comp	01/19/2021	2021
Buckmiller, John	Buckmiller vs. VA Mason Med Ctr	Shannon Trivett	Plaintiff	Employment Law	03/12/2020	2021

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Kienow vs. Kienow	Kienow	Self-Referred	Parental	Divorce Lit /Parental	08/20/2020	02/13/2021
Lorena Martin	Martin vs. Mariners	Lasher, et al.	Plaintiff	Discrimination	09/05/2019	09/21/2020
Andrea Goebel	Goebel	Goebel	Plaintiff	Discrimination	12/15/2019	03/20/2020
Jennifer Babione	Babione	Ken Babione	Plaintiff	Competency Evaluation	11/13/12019	02/19/2020
Lorynda Guerrette	Guerrette	Jared Wagner, MD	Plaintiff	Pain Evaluation	08/15/2019	10/15/2019
Seth Calagna	Calagna	S Calagna	Plaintiff	Fit to Parent	03/21/2019	07/01/2019
Maurilio Angela Sanchez	Mas	Paul D. Edmondson	Plaintiff	Immigration	05/13/2019	06/12/2019
Juan Martinez	Jmart	Paul D. Edmondson	Plaintiff	Immigration	04/26/2019	06/06/2019
Jacqueline Howard	Howard	Sonia Rodriquez	Defense	Adoption Child	03/12/2019	05/07/2019
Hull et.al. vs. Heritage et. al.	Hull vs. Heritage	Lasher et. al.	Plaintiff	Discrimination	01/03/2019	04/01/2019
Karisa Usher	Dupont	EAP/Compsych	Employment	Fit to Work	01/15/2019	03/09/2019
Marisa Sagar	Sagar	M. Sagar	Plaintiff	Fit to Parent	05/14/2018	05/23/2018
Taylor Clark	Clark	T. Clark	Plaintiff	Fit to Train US Armed Svs.	04/01/2018	05/10/2018
Samuel Endicott	Endicott	Kim Endicott	Plaintiff	Fit to Work Train	02/23/2018	04/17/2018
Kienow vs. Kienow	Kienow	Self-Referred	Parental	Divorce Lit /Parental	08/20/2020	02/13/2021
Lorena Martin	Martin vs. Mariners	Lasher, et al.	Plaintiff	Discrimination	09/05/2019	09/21/2020
Andrea Goebel	Goebel	Goebel	Plaintiff	Discrimination	12/15/2019	03/20/2020
Jennifer Babione	Babione	Ken Babione	Plaintiff	Competency Evaluation	11/13/12019	02/19/2020
Dodd, Danny	Domestic V.	Danny Dodd	Plaintiff	Domestic Violence Psych Evaluation	01/08/2019	02/15/2019
Hull et al. vs. Heritage University	Discrimination	Shannon Trivett	Plaintiff	Class Action Law Suit Discrimination	01/02/2019	02/04/2019
Clark Taylor Ann	Fit for Duty	Taylor Ann Clark	Plaintiff	Fit for Duty Military	02/10/2018	05/10/2018
Martinez, Carlos	DEA	Carlos Martinez	Plaintiff	Criminal	01/17/2018	4/30/2018
Smith, Ian	SSA/DSHS	Ian Smith	Plaintiff	Disability Neuro-developmental	12/20/2017	03/20/2018

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Brown, Bruce L.	F28443-A	Johnson & Johnson	Plaintiff	Personal Injury	09/01/2015	09/01/2015
Poteet, Debra	14-2-01400-4-A	Hitt, Hiller, Monfils, Williams	Defense	Personal Injury	03/27/2015	03/27/2015
Hinojosa, Martin	PB013015-A	Prezler & Bunch	Plaintiff	MVA	01/30/2015	01/30/2015
Romero, Fred	DLFR090613	Delore Johnson	Plaintiff	Personal Injury	09/06/2013	10/27/2014
Moore, Richard	MOORE14	Manny Jacobawitz	Plaintiff	Personal Injury	03/19/2014	03/19/2014
Barrera, Martin	12-3117-TOR	Brendan W. Monahan	Defense	Discrimination	11/13/2013	03/13/2014
Mitchell, Loren	12-2-03138-7	Gierth- Eddy Law Offices	Plaintiff	Personal Injury	09/03/13	02/21/2014
Winkfield, Walter	SE06749	Smart Connell Childers	Plaintiff	Worker Comp	12/05/13	02/21/2014
SCOTT	ENTERED	DOCTORAL PROGRAM	2013-2017	LIMITED TIME	FOR FORENSIC	EVALUATION
Campos, Urbano	AH15809	Michael Connell	Plaintiff	Worker Comp	06/14/2013	09/25/2013
Finney, Rocky	AK62695	Smart Connell Childers	Plaintiff	Workers Comp	01/14/2013	09/20/2013
Holford, Barbara	SE-43502	Barbara Holford	Plaintiff	Worker Comp	03/05/2013	09/18/2013
Larsen, Deneise	HKL09182013	Henning, Keedy & Lee	Plaintiff	Life Care Plan	09/18/2013	09/18/2013
McClellan, Patricia	AH90745	Smart Connell Childers	Plaintiff	Worker Comp	04/03/2013	08/23/2013
Baumgart v State of Montana	CDV 2011-452	Ross McLinden	Defense	Worker comp	09/17/2012	07/24/2013
Frisk, Terry	AJ90997	Smart Connell Childers	Plaintiff	Workers Comp	12/12/2012	03/18/2013
Urbina, Rick	Y881677	Smart Connell Childers	Plaintiff	Workers Comp	09/05/2012	11/15/2012
Hanses v Hanses	12-3-00239-1	Jeffers Danielson		Divorce	05/30/2012	09/05/2012
Gomez, Jesus	Y922298	AG Spokane	Defense	Worker Comp	04/23/2012	08/06/2012
Gonzalez, Evarista	AK25929 AH64053	AG Wenatchee	Defense	Worker Comp	04/23/2012	07/05/2012
Pugh, Eldon	C06166842	NW Liberty Insurance	Defense	Personal Injury	01/23/2012	04/02/2012
Serrano, Antonia	SMAC	Smart Connell Childers	Plaintiff	Worker Comp	08/25/2011	03/12/2012
Macias, Blanca	MVADELJ-P	Delore-Johnson	Plaintiff	Personal Injury	09/23/2011	03/08/2012
Frisk, Terry	AJ90997	Smart Connell Childers	Plaintiff	Worker Comp	04/25/2011	01/12/2012
Hille, Janet	201878	Delorie Johnson	Plaintiff	Personal Injury	04/06/2011	01/12/2012
Mahoney, Edward	MAHONEYDE	Delorie-Johnson	Plaintiff	Worker Comp	09/01/2011	01/12/2012
Zimmerman, Tamara	ZIMM-TAMAKI	Tamaki Law	Plaintiff	Personal Injury	01/18/2011	01/12/2012
Lott, Lillian	AA31112	Smart Connell Childers	Plaintiff	Workers Comp	10/17/2011	12/21/2011
Wilson, Stacie	STWILSON-Del	Delorie-Johnson	Plaintiff	Worker Comp	04/13/2011	12/01/2011

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Dehaven, Diana	SA76161	Will Halpin	Plaintiff	Worker Comp	06/15/2011	11/16/2011
Mauldin, Clay	MAULDINSMC	Smart Connell Childers	Plaintiff	Worker Comp	07/16/2011	11/16/2011
Carter, Mary	CARTERJBURG	VanderMay Law	Plaintiff	Personal Injury	05/13/2011	10/19/2011
Godoy, Rito	GODOYSMCC	Smart Law	Plaintiff	Worker Comp	03/21/2011	07/31/2011
Crowl, Ralph	JBOWMAN2011	John Bowman	Plaintiff	Personal Injury	04/06/2011	07/20/2011
Arslanian, Carolee D	Arslanian-DJ	Delorie-Johnson	Plaintiff	Worker Comp	06/01/2010	05/05/2011
Fox, Bradley	X787304	Smart Connell Childers	Plaintiff	Worker Comp	01/10/2011	05/05/2011
Wild, Verna	W834211	Smart Connell Childers	Plaintiff	Workers Comp	12/29/2010	05/05/2011
Canseco, Flor	CANSECO-DJ	Delorie Johnson	Plaintiff	Worker Comp	07/06/2010	04/13/2011
Honsinger, Alissa	HONS_DELJ	Delorie Johnson	Plaintiff	Worker Comp	07/13/2010	04/13/2011
McKinney, Barbara	BMCKN-SMCC	Smart Connell Childers	Plaintiff	Worker Comp	08/11/2010	04/13/2011
Munoz, Javier	DJMUNOZ	Delorie Johnson	Plaintiff	Worker Comp	09/09/2010	04/13/2011
Tilton, Erin	201723	Delorie Johnson	Plaintiff	Workers Comp	05/05/2010	04/13/2011
Walker, Karin	WALKER_SM	Smart Connell Childers	Plaintiff	Workers Comp	06/23/2010	04/13/2011
Williams, Roy	RWilms-SMCC	Smart Connell Childers	Plaintiff	Workers Comp	08/03/2010	04/13/2011
Brown, Georgiann	HBB-Brown	Hurst Brumbeck & B	Plaintiff	Worker Comp	11/08/2010	04/07/2011
Guajardo, Lionel	W919467	Smart Connell Childers	Plaintiff	Worker Comp	04/12/2010	10/06/2010
Crain, Kerry	Y295245	Colbom & Schwab	Plaintiff	Worker Comp	09/08/2010	09/29/2010
Dixon, Joanna	Dixonverhulp	Smart, Connell, Childers & V	Plaintiff	Personal Injury	11/16/2009	09/29/2010
Gangle, Rory L.	Gangle	Delorie Johnson	Plaintiff	Personal Injury	02/19/2009	08/02/2010
Odom, Scott	X157859	Smart, Connell, Childers	Plaintiff	Worker Comp	12/04/2009	08/02/2010
Hubbard, Kristi	SA68920	Smart, Connell, Childers	Plaintiff	Worker Comp	03/05/2010	07/30/2010
Baty, Jeffrey B.	RRB-2167	Anna Baca	Defense	Railroad Retirement Board	03/01/2010	06/14/2010
Mitchell, Steven G.	RRB-2560	Anna Baca	Defense	Railroad Retirement Board	03/11/2010	06/14/2010
Garcia, Guillermo	N705874	Attorney General	Defense	Worker Comp	08/18/2009	04/01/2010
Hernandez, Angelica	Y558800	Smart, Connell, Childers	Plaintiff	Workers Comp	09/23/2009	04/01/2010
Rogers, Wanda	W594789	Lee Schultz	Defense	Worker Comp	02/12/2010	04/01/2010
Sellers, Stanley E.	Gano5174	Thorner, Kennedy & Gano	Plaintiff	Long Term Disability	03/02/2010	04/01/2010
Seward, Thomas G.	AB48545	Delorie Johnson	Plaintiff	Personal Injury	06/18/2009	04/01/2010

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Habberfield, Dean	W964149	Smart Connell Childers	Plaintiff	Worker Comp	1/2/2009	03/23/2010
Bain, John	27583	Layman, Layman, & Robinson	Plaintiff	Personal Injury	5/12/09	03/15/2010
Pineda, Solidad	X123456	Prediletto, Halpin	Plaintiff	Workers Comp	09/23/2009	03/01/2010
Para, Maria	W589042	Sather, Byerly & Holloway	Defense	Workers Comp	10/19/2009	02/01/2010
Benner, Tod	MVA	Delorie Johnson	Plaintiff	MVA	3/14/09	01/29/2010
Deluca, David	Deluca3588	Delorie Johnson	Plaintiff	Personal Injury	5/20/09	01/29/2010
Miller, Shawn	AC20823	Delorie Johnson	Plaintiff	MVA	3/11/2008	01/13/2010
Bernal, Ricardo	AE66283	Timothy Hamill	Plaintiff	Worker Comp	7/15/09	12/23/2009
Corbaley, Stephen	CORBALEY	Walthew Law Firm	Plaintiff	Workers Comp	06/16/2009	12/23/2009
Rowe, Benjamin	TAMAKI	Tamaki Law	Plaintiff	MVA	5/14/2008	12/23/2009
Urbina, Maria	Y881656	Smart Connell Childers Verhul	Plaintiff	Worker Comp	5/12/09	12/23/2009
Tillotson Sr, Phillip L	AA85982	Attorney General	Defense	Workers Comp	08/25/2009	10/28/2009
Hay, Jerry	AC42947	Larson Berg Perkins	Defense	Worker Comp	5/14/2009	10/21/2009
Matthews, Dave	Matthews5497	Delorie Johnson	Plaintiff	Worker Comp	4/20/09	10/21/09
Shields, Marylu	MVA	Tamaki Law	Plaintiff	MVA	3/02/2009	10/21/2009
Bartz, Robert	NA	Tamaki Law	Plaintiff	MVA	2/11/2009	09/30/2009
Miller, Marjorie	NA	Delorie Johnson	Plaintiff	MVA	2/19/2009	08/18/2009
Mejia, Abigail	Y990893	Smart Connell Childers Verhulp	Plaintiff	Worker Comp	4/14/09	08/10/2009
Morgan, Randy	Morg9554	John Pidgeon	Plaintiff	Worker Comp	5/08/09	06/24/2009
Miramontes, Raquel	Y181612	Smart, Connell, Childers	Plaintiff	Worker Comp	3/5/09	6/8/09
Biorato, Agustin	X210170	Smart Connell Childers	Plaintiff	Worker Comp	12/30/2008	5/29/09
Zorrozua, Donna	NA	Delorie Johnson	Plaintiff	Personal Injury	12/19/2008	5/29/2009
Ash, Kris	MVA92802	Tamaki Law	Plaintiff	MVA	12/05/2008	5/12/09
Gabino, Steven	OS4501730	Tamaki Law	Plaintiff	Personal Injury	8/15/08	5/12/09
Harrell, Mary	NA	Tamaki Law	Plaintiff	MVA	5/22/2008	5/12/2009
Hickman, Darrell	P785189	Smart Connell Childers	Plaintiff	Worker Comp	9/24/2008	5/12/2009
Travis, Kathleen	Y464477	Smart Connell Childers	Plaintiff	Worker Comp	8/12/2008	5/12/2009
Jenkins, Robert W.	Y898607	Smart Connell, Childers	Plaintiff	Workers Comp	04/16/2009	04/21/2009
Copeland, Courtney	AB48651	Smart, Connell, Childers	Plaintiff	Workers Comp	03/30/2009	04/08/2009

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Crawford, Roger	n/a	Tamaki Law	Plaintiff	Personal Injury	2/11/2009	4/08/2009
Trepanier, Byron R	Y278287	Attorney General	Defense	Workers Comp	03/18/2009	04/08/2009
Bafus, Lisa	Y631305	Attorney General	Defense	Worker Comp	2/12/2009	3/16/09
Ibarra, Yoland	X578938	Smart Connell Childers	Plaintiff	Worker Comp	2/2/2009	3/16/09
Ross, Tammy	W127798	Thorner, Kennedy,Gano	Plaintiff	Worker Comp	10/03/2008	3/10/2009
Howell, Kina	W813511	Walthew Law Firm	Plaintiff	Worker Comp	12/31/2008	2/20/2009
Benitez, Erika	Y488266	Smart Connell Childers	Plaintiff	Worker Comp	11/10/2008	2/2/2009
Nelson, Donna	P363013	Attorney Gen	Defense	Worker Comp	11/26/2008	1/27/2009
Erb, Theodore Sr	AE28116	Attorney Gen	Defense	Worker Comp	10/20/2008	1/22/2009
Soto, Marisela	AB03964	Smart Connell Childers	Plaintiff	Worker Comp	10/15/2008	1/06/2009
Godinez, Candelario	K608660	Prediletto Halpin Scharnikow	Plaintiff	Worker Comp	9/29/08	12/23/2008
Adair, Mary R	Y326158	Attorney General	Defense	Worker Comp	9/11/2008	11/21/2008
Pastrana, Wanda	W790255	Smart Connell Childers	Plaintiff	Worker Comp	8/29/2008	11/20/2008
Valencia, Rosalinda	Y741601	Smart, Connell, Childers	Plaintiff	Workers Comp	09/02/2008	11/04/2008
Odom, Scott W.	X157859	Smart, Connell, Childers	Plaintiff	Worker Comp	1/22/08	10/23/2008
Ramirez, Rosa	N/A	Tamaki Law	Plaintiff	Worker Comp	9/2/2008	10/23/2008
Villa, Santiago	AE34837	Smart Connell Childers	Plaintiff	Worker Comp	3/5/2008	10/21/2008
Porras, Adam	NA	Delorie Johnson	Plaintiff	MVA	6/10/2008	10/02/2008
Sears, Byron	Y393311	Smart Connell Childers	Plaintiff	Worker Comp	1/23/2007	9/22/2008
Renick, Ophelia	AA52189	Smart Connell Childers	Plaintiff	Worker Comp	5/4/2007	8/07/2008
Robinette, Suzanne	NA	Attorney Gen	Defense	Worker Comp	1/14/2008	8/07/2008
Griffin, Ray	SA70303	Smart Connell Childers	Plaintiff	Worker Comp	5/26/08	7/30/2008
Kiefel, Palmer	K383842	Thorner, Kennedy, Gano	Plaintiff	Worker Comp	5/20/2008	7/07/2008
Miranda, Gildardo	N538167	Smart, Connell, Childers	Plaintiff	Worker Comp	3/8/07 & 4/15/08	6/04/07 & 7/07/08
Butrick, George	Y752340	Attorney General	Defense	Worker Comp	5/13/2008	6/12/2008
Carter, Phyllis	W758933	Smart, Connell, Childers	Plaintiff	Worker Comp	12/4/2007	6/03/2008
Davisson, Steph	Y917696	Attorney Gen	Defense	Worker Comp	3/25/2008	5/21/2008
Page, Janelle	1571331	Tamaki Law	Plaintiff	Personal Injury	3/30/2008	5/16/2008
Hutfles, Gladys	Y646716	Attorney General	Defense	Worker comp	3/17/2008	5/8/2008
Marshal, Gloria	Y081568	Bothwell & Hamill	Plaintiff	Worker Comp	2/28/2008	4/30/2008

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Jahiafendic, Jusuf	W957261	Smart Connell Childers	Plaintiff	Worker Comp	3/7/2008	4/21/2008
Danielson, James	X306874	Attorney Gen	Defense	Worker Comp	3/06/2008	4/01/2008
Sperle, Brian	P535810	Smart, Connell, Childers	Plaintiff	Worker comp	12/19/07	4/1/2008
Forman, Randy	X356506	Attorney General	Defense	Worker Comp	3/6/2008	3/17/2008
Ash, Kris	MVA92802	Tamaki Law	Plaintiff	MVA	6/27/2007	3/03/2008
Leaverton, Lajuana	P656825	Smart, Connell, Childers	Plaintiff	Worker Comp	12/4/2007	2/21/2008
Chairez, Yolanda	W860237	Smart, Connell, Childers	Plaintiff	Worker comp	1/18/2008	2/19/2008
Martinez-Ramos, Juar	Y224361	Smart Connell Childers	Plaintiff	Worker Comp	6/29/2007	2/13/2008
Ostrom, Scott	NA	Meyer, Fluegee, Tenney	Defense	Personal Injury	9/24/08	1/13/2008
Rojas, Elva	X424639	Thorner, Kennedy,Gano	Plaintiff	Worker Comp	9/5/2007	1/8/2008
Breed, Douglas	Y324509	Attorney General	Plaintiff	Worker Comp	3/27/2007	12/14/07
Jones, Steve	Y686448	Prediletto, Halpin	Plaintiff	Worker Comp	10/1/2007	12/13/07
Lee, Carolyn	Y267508	Thorner, Kennedy Gano	Plaintiff	Worker Comp	10/15/2007	11/26/2007
Wilson, Lloyd	Y646069	Attorney General	Defense	Worker Comp	10/22/2007	11/26/2007
Ribail, Daniel	Y615750	Bothwell	Plaintiff	Worker Comp	8/17/2007	11/13/2007
Silver, Melvin	SA33459 SA33486	Smart Connell Childers	Defense	Worker Comp	10/26/2007	11/9/2007
Rogers, Wanda	W594789	Smart Connell Childers	Plaintiff	Worker Comp	3/12/2007	10/29/2007
Hefner, Walter	539562993	Johnson	Plaintiff	Personal Injury	4/20/2007	10/25/2007
Thompson, Warren	AB12544	Smart Connell Childers	Plaintiff	Worker Comp	9/6/07	10/22/2007
Beeks, Darcia	Y295108	Smart Connell Childers	Plaintiff	Worker Comp	4/4/2007	10/19/07
Artiach, Sandra	W775805	Smart Connell Childers	Plaintiff	Worker Comp	6/20/2007	10/2/07
Buckman, Jimmy	Y402040	Smart Connell Childers	Plaintiff	Worker Comp	6/28/07	9/13/07
Macias, Gildardo	AA35445	Gano	Plaintiff	Worker Comp	5/7/2007	8/30/2007
Sutton, Shawn		Tamaki Law	Plaintiff	Worker Comp	5/12/2006 1/12/08	8/23/2007 6/16/2008
Goulding,Charles	Y965201	Smart Connell Childers	Plaintiff	Worker Comp	4/13/07	8/03/2007
Torres, Rogelio	N236332	Smart Connell Childers	Plaintiff	Worker Comp	4/19/07	8/02/2007
Gabino, Steven	OS4501730	Tamaki Law	Plaintiff	Personal Injury	1/18/0207	8/01/2007
Nelson, Vickie	AA65001	Ricean & Associates	Plaintiff	Worker Comp	7/05/2006	7/26/2007
Berrones, Nick	3088-A	Tamaki	Plaintiff	Personal Injury	10/20/2006	6/19/07
Salgado, Maria	X089284	Smart Connell Childers	Plaintiff	Worker Comp	3/0620/07	6/4/2007

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Richards, Joel	Y903540	Tenney	Defense	Personal Injury	4/12/2007	5/15/2007
Morris, Jack	MFT19031	Meyer Fluegee Tenney	Plaintiff	Personal Injury	5/15/2006 & 2/26/2007	9/6/2006 & 4/18/2007
Clark, Chester	Y716137	Prediletto Halpin Scharnikow	Plaintiff	Worker Comp	2/27/2007	4/11/2007
Eric Vargas	534683697	Private Attorney	Plaintiff	LTD	09/06/2006	04/11/2007
Nicholson, Allen	P084007	Scharnikow	Plaintiff	Worker Comp	2/28/07	4/3/07
Gibson, Shirley	Y193459	Prediletto Halpin Scharnikow	Plaintiff	Worker Comp	5/26/06	3/1/2007
Campos, Gabriela	T436740	Prediletto Halpin Scharnikow	Plaintiff	Worker Comp	8/22/2006	2/01/2007
Sanchez, Elvira	P196144	Smart Connell Childers	Plaintiff	Worker Comp	2/08/2006	2/01/2007
Eslinger, Norman	W919325	Prediletto Halpin Scharnikow	Plaintiff	Worker Comp	9/6/2006	12/19/2006
Gonzales, Jose	X228176	Smart Connell Childers	Plaintiff	Worker Comp	3/23/06	11/28/2006
Hernandez, Rita	W942801	Smart Connell Childers	Plaintiff	Worker Comp	10/31/2006	11/28/2006
Brigman, Ralph	W080718	Craig, Jessup, & Stratton	Plaintiff	Worker Comp	10/18/2006	11/27/06
Lenk, Roger	SCC1235-A	Smart Connell Childers	Plaintiff	Long Term Disa.	10/26/2006	11/16/2006
Beeler, Steve	P392736	Smart Connell Childers	Plaintiff	Worker Comp	7/20/2006	10/20/2006
Lawhorn, Ester	Y114892	Smart Connell Childers	Plaintiff	Worker Comp	3/24/2006	10/16/2006
Rosas, Margarita	P745444	Smart Connell Childers	Plaintiff	Worker Comp	5/18/2004	10/5/2006
Hall, Richard	W412524	Prediletto Halpin Scharnikow	Plaintiff	Worker Comp	6/22/2006	10/2/2006
Ceja, Silvino	Y950421	Tamaki Law	Plaintiff	Worker Comp	6/6/2006	9/29/2006
Francis, Rodney	Y367429	Smart Connell Childers	Plaintiff	Worker Comp	8/10/2006	9/27/2006
Baughn, Corey	W722278	Craig Jessup Stratton	Defense	Worker Comp	9/1/2006	9/12/2006
Brunelle, Lawrence	190006	Meyer Fluegee Tenney	Plaintiff	Personal Injury	5/3/2006	9/8/2006
Lamas, Yurico	TL10974	Tamaki Law	Plaintiff	Personal Injury	4/6/2006	8/1/2006
Impson, Kevin	R1819578	Tamaki Law	Plaintiff	Personal Injury	2/2/2006	7/25/2006
Gangle, Rory L.	Djohnson	Delorie Johnson	Plaintiff	Personal Injury	6/21/2005	6/14/2006
Arenas, Alfredo	R1816237	Tamaki Law	Plaintiff	Personal Injury	2/2/2006	5/9/2006
Davenport, William	P728807	Attorney Gen	Defense	Worker Comp	2/08/2006	4/13/2006
Jonas, Penny	MVA	Delorie Johnson	Plaintiff	Personal Injury	5/12/2005	4/10/2006
Knight, Terry	Smart	Smart Connell Childers	Plaintiff	Personal Injury	9/12/2005	3/8/2006
Conn, Ryan	P805070	Smart Connell Childers	Plaintiff	Personal Injury	9/8/2005	3/07/2006
Torres, Rogelio	N236332	Smart Connell Childers	Plaintiff	Worker Comp	9/15/2005	1/30/2006

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Vazquez, Elio	W860058	Smart Connell Childers	Plaintiff	Worker Comp	12/11/2005	1/17/2006
Guzman, Osvaldo	Smart	Smart Connell Childers	Plaintiff	Personal Injury	8/24/2005	1/10/2006
Navarro, Teresa	Y613603	Hurst, Brumbeck, Brusic	Plaintiff	Personal Injury	6/1/2005	1/1/2006
Roman, Mirta	Y613690	Smart Connell Childers	Plaintiff	Worker Comp	10/2/2005	12/30/2005
Sandoval, Refugio	X111166	Attorney Gen	Defense	Worker Comp	7/11/2005	12/30/2005
Lamb, Bradley	W765060	Reeve, Shima	Defense	Worker Comp	2/17/2005	11/16/2005
Baugh, Richard	Y424788	Attorney Gen	Plaintiff	Worker Comp	2/29/2005	10/11/2005
Mendez, Luis	X558058	Smart, Connell, Childers	Plaintiff	Worker Comp	7/15/2004 5/16/2005	8/26/2005 8/31/2005
Buenaventura, Andr	Y636770	Smart Connell Childers	Plaintiff	Worker Comp	6/3/2005	8/22/2005
Mejia, Jesus	Y488404	Attorney General	Defense	Worker Comp	7/7/2005	8/17/2005
Fickel, Kerry	INC1211295	Tamaki Law	Plaintiff	Personal Injury	5/26/2005	6/20/2005
Massengale, Daniel	Y615637	Thomas Bothwell	Plaintiff	Worker Comp	5/16/2005	6/6/2005
Rodriguez, Jesus	K413921	Smart Connell Childers	Plaintiff	Worker Comp	2/10/2005	4/14/2005
Ramos, Petra	N350552	Hurst, Brumbeck, Brusic	Plaintiff	Worker Comp	2/10/2005	4/07/2005
Mejia, Jesus	Y488404	Calbom & Schwab	Plaintiff	Worker Comp	1/2/2003	2/25/2005
Gabbard, Jack	532385629	Tamaki Law	Plaintiff	Worker Comp	4/22/2004	2/3/2005
Crawford, Jackie	P661912	Attorney Gen	Plaintiff	Worker Comp	11/1/2004	11/22/2004
Barnhart, Thelma	P861666	Smart Connell Childers	Plaintiff	Worker Comp	7/14/2004	10/18/2004
Rosas, Margarita	P189955	Smart Connell Childers	Plaintiff	Worker Comp	5/18/2004	10/5/2004
Glidewell, Eva	P974078	Smart Connell Childers	Plaintiff	Worker Comp	8/11/2004	8/24/2004
Denton, Carl	723061	Smart Connell Childers	Plaintiff	Worker Comp/MVA	6/11/2004	7/30/2004
George, Heidi	T012104	Tamaki Law	Plaintiff	Personal Injury	01/21/2004	07/30/2004
Andrews, Teresa	T012104	Tamaki Law	Plaintiff	Personal Injury	1/21/2004	6/25/2004
Cadengo, Linda	X578929	Smart Connell Childers	Plaintiff	Worker Comp	1/29/2004	2/27/2004
Talbert, Sandy	N748559	Smart Connell Childers	Plaintiff	Worker Comp	1/6/2003	12/31/2003
Cavazos, Robert	X338248	Attorney Gen	Defense	Worker Comp	11/17/2003	12/30/2003
Ayala, Estela	Y295871	Smart Connell Childers	Plaintiff	Worker Comp	5/23/2003	7/2/2003
Masters, Patty	M696478	Smart, Connell, Childers	Plaintiff	Worker Comp	12/17/2002	2/24/2003
Lyczewski, Les	X574819	Tamaki Law	Plaintiff	Personal Injury	9/16/2002	2/17/2003

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Masters, Patty	P661937	Smart, Connell, Childers	Plaintiff	Worker Comp	12/17/2002	1/24/2003
Aranda, Leanne	96-009180	Tamaki Law	Plaintiff	Personal Injury	6/24/2002	9/18/2002
Damery, Kendra	CA 0683718	Tamaki Law	Plaintiff	Personal Injury	12/20/2001	6/30/2002
Gonzalez, Sergio	P799448	Attorney Gen	Defense	Worker Comp	5/29/2002	6/30/2002
Niemeyer, Gary	J199 10136	Tamaki Law	Plaintiff	Personal Injury	11/9/2001	5/6/2002
Basford, Don	K722891	Prediletto Halpin Scharnikow	Plaintiff	Worker Comp	12/28/2001	4/24/2002
Judy, Mary	W464074	WKM	Defense	Worker Comp	11/18/2001	4/8/2002
Puerta, Benjamin	X103237	Attorney Gen	Defense	Worker Comp	1/17/2002	4/08/2002
Rodriguez, Benito	X376809	Attorney Gen	Defense	Worker Comp	11/09/2001	4/08/2002
Markle, Loy	P516611	Attorney Gen	Defense	Worker Comp	2/08/2000	2/25/2002
Benjamin, Larry	P186046	Attorney Gen	Defense	Worker Comp	9/10/2001	9/25/2001
Campos, Alida	X360054	Attorney General	Defense	Worker Comp	5/4/2001	5/30/2001
Mitchell, Clifford	N678613 & X087691	Attorney Gen	Defense	Worker Comp	8/20/2001	10/1/2001

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